AN ANNOTATED BIBLIOGRAPHY ON

CANCER

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By

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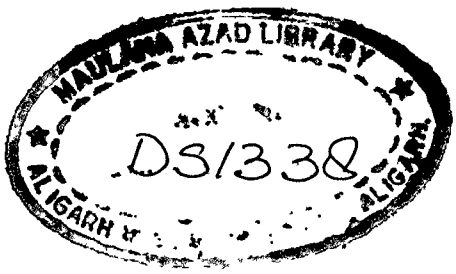

Dedicated to
the inspiring sole of My Father
Shri Vatchs Pati Shastri

C O N T E N T S

A C K N O W L E D G E M E N T

I wish to record my sincerest sense of gratitude to my Reverend Teacher and Supervisor, **Prof.(Mrs.) Noorul Hasan Khan,** Ex-chairman,Dept. of Library Science and University Librarian, Aligarh Muslim University, Aligarh, for his inspiring guidance, constant encouragement and continuous help throughout the period of this work. But for his kind cooperation, this work could never have taken the present shape.

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Further I wish to acknowledge my indebtness to my teacher Mr. M. T. M. khan,Reader, Department of Library Science, Bundel Khand University, Jhansi, for his moral boosting and help throughout the year.

I am also beholden to my class fellow, Mr. Sayeed Akhtar for helping me throughout the period.

As it is, I stand deeply indebted to my mother and brother who boosted my morale and courage in the course of preparation of this work.

I will fall short of my duty immensely without expressing my gratitude to the members of the staff of the libraries of Jawahar Lal Nehru Medical College, Aligarh, Sarojni Nyedu Medical College, Agra and I.C.M.R., New Delhi for providing me with unflinching help and facilities.

Sharma

(PRATIBHA SHARMA)

AIM SCOP AND METHODOLOGY

AIM AND SCOPE

The present study is intended to bring at one place in the form of annolations all thesignificant literature that is available in the field of "Cancer" of human body" Although the bibliography is selective in nature, an attempt has been made to cover all the aspect of cancer.

I am confident that this bibliography will be helpful to all those who have some interest in the literature a cancer, The part I Deals with what is cancer its nomenclature and classification according to differant part of arrangd according to the class number.

METHODOLOGY

While starting with this task, a general survey was made of the literature available in important libraries.viz Maulana Azad library, Jahawar lal Nehru Medical College library Aligarh, Sarojni Niedu Medical College Agra and Indian Council of Medical research New Delhi.

Out of all the periodicals containing this topic only important ones are selected for this purpose.

STANDARD FOLLOWED

As for as possible the Indian standards recommended for bibliographical references (IS:2381-1963)has been followed but some deviation are also taken into consideration. Abbreviation have used in the entries a list of which is given.

After searching the literature enteries were recorded on 5"X3" cards. The entries in the bibligraphy contains abstract made on 8"X5" cards abstracts giving essential information about the the article.

ARRANGMENT

The bibliographic part has been arranged in classified order according to class number given in "Colon Scheme of classfication" The entries are serially numbered.

INDEX

The part III Contains Authour, Title and subject Indexes in alphabetical sequence. Each Index guides to the specific entry or entries in the bibliography.

I hope they will found very helpful in consaltation of the bibliography.

NAMES OF JOURNALS CONSULTED

1. Act. Radiologica. Therapy ,Physics, Biology.
2. Acta. Cytol
3. Actadermato- Venereologica
4. Acta Pathol. Microbiol. Imm.
5. Acta. Radial. Ser. Oncol.
6. American Journal of Oncology : Cancer clinical Trials.
7. American Journal of Roentgenology, Radium Therapy and Nuclear Medicine.
8. Am. Intern. Med.
9. Am. J. Obstet. Hynecol.
10. Am. J. Otoloryngol. Head, Neck, Med. Surg.
11. Am. J. Otolyryngol.
12. Am. J. Pathol.
13. Am. J. Roentgenol.
14. Am. J. Sung.
15. Am. Review of Respiratory diseases.
16. Ann. Otol. Rhinol. Laryngol.
17. Ann. Surg.
18. Arch. D ermatol.
19. Arch. Orthop. Traum Surg.
20. A rch. Pathol Job. Med.
21. Blood
22. Br. Heart. J.
23. British. Medical Journal
24. Cancer.

25. Cancer. J. Surg.
26. Cancer. Treat. Rep.
27. Cardio. Ultrasongraphy
28. Childs Nerv.
29. Chir. Biochem.
30. Chir. Neumoputhol.
31. Chir. Orthop. Relat. Res.
32. Clin. Endocrinol
33. Cynecol. Oncol.
34. Diseases of the Chest.
35. Eur. J. Cancer. Chiri. Oncol.
36. Eur. J. Cancer. Clinical Oncol.
37. Eur. Jl Cyn. Oncol.
38. Eur. Jl Gynaecol.
39. Euro. Paediatr. Haematol. Oncol.
40. Euro. Urol.
41. Gynecol. Oncol.
42. Histo. Pathology.
43. Hurm. Pathol.
44. Hyneiol. Oncol.
45. Indian Journal of Medical Research.
46. International J. Gynecol. Pathol
47. International Surg.
48. Invest. Nev. Drugs.
49. Italaryngoscope.
50. J. Can. Asso. Radiol.
51. J. Chin. Pathology.

52. J. Clin. O ncol.
53. J. Eur. Radiother.
54. J. Gynecol. Oncol.
55. J. Maxillofac. Sung.
56. J. Natt. Cancer. Inst.
57. J. Neurol. Neurosing. Psychiatry
58. J. Neuro- Oncol.
59. J. Neuro Surg.
60. J. Occup. Med.
61. Journal of Industrial Medicine.
62. Journal Pathology and Bacterialogy
63. J.R. Coll. Surg.
64. J. Reprod. Med.
65. J. Ural.
66. Lancet.
67. Medical Pediatr. Oncol.
68. Neuro Radiology
69. Neu. Repothol. App. Neuro.
70. Obstet. Gynecol.
71. Pathology
72. Path. Res. Prac.
73. Path. Res. Prat.
74. Post. Grad. Med. J.
75. Radiology.

76. Radiother. Oncol.
77. Scand. J. Urol . Nephrol.
78. Skelatal Radiol.
79. South. Med. J.
80. Surgery
81. Surg. Neurol.
82. The new England journal of Medicine.
83. The Quarterly J. of Surg. Sciences.
84. Thorox.
85. Tx. Usa-Clinical Therapy.
86. Urol. Resp.

ABBRIVIATIONS USED

Abbrid form	Full form
Am.	American
Ann.	Annal
Br.	British
Clini.	Clinical
Eur.	European
Gynecol.	Gynecology
Hematal.	Hematology
Inst.	Institute
Int.	International
J.	Journal
Med.	Medicin
Natl.	National
Neurol.	Neurology
Oncol.	Oncology
Orthop.	Orthopedic
Occup.	Occupational
Otolaryngol.	Otolaryngology
Pathol.	Pathology
Paediatr.	Paediatrics
Surg.	Surgery
Treat.	Treatment
Ther.	Therapy
Urol.	Urology

PART ONE
INTRODUCTION

INTRODUCTION

There is no lertn in the entire lenican of medicin that strikes more terror than the word "Cancer" and with cansiderable justification . In the U.S. in 1978 it is projected that over one million indinduals will learn for the first time that they have same form of cancer (about -390,000 will die of cancers . Approrimately 18.5% of all deaths in the U.S. are caused by cancer; only cardiovascular diseare causes more deaths. In the discussion that follows, same of the rools of this fear will be explored as well as some of the reasans why guarded optimum is now justified for the future. Althangl cancer under standably demonds more attention ,both benign and malighant tamors are cansidered in the following disaussion . Attention is focused prineipally as their basic charaeteristics, morphology, and behaviour as well as on a sarvey , of where we carrently stand in the seards for their origivs and causation (S).

2. The term cancer is originated from Neoplasia . Neoplasia literally means "new growth " and the mass of cells camposing the new growth is a neoplosm , the Term new growth does not adequately define a neoplasm Much more meacing ful is The definitian of willis : "A neoplasm is an obnermal mass of tisseu , the growth of which enceeds and is ancoordinat with that of the normal tissue and persists in some excessive manner after cassation of the stimuli which evoke the change " To this characterization we might add that the abnernal mass is purposeless, oreys an the host, and is isrtually autothomans. It preys an the host insofar as the growth of the neoplastic tissue campetes with norheal cells and tisseus for energy supplies and nutritional substrate

In asmuch as these masses may flourish in a patient who is wasting away They are to a degree autonomous . Later it will became evidend that such autonomy is not complete . All neoplasms ultimately depend on the host far their hatrition and vascular sapply ; many fer,s of neaplasia even require endocrine support.

The term lamor and cancer should be clarified . Actually tumor refers simply to seuelling which is in faet. one of the cardidal signs of inflamation . While a neoplasm hear the surfale of the body produces the tumors swelling all tumors., Correctly speabing , are not neoplastic and may also be produced by hemorrhage or edema. Nonethcless , long hist -toric precedeut has equated the term tumar with neoplasm, and the other asage of tumor have new passed into limbo. Thus we have oncology (oncos = tumor) as the study of tumors or more correctly, the study of neoplasm. Cancer is the common term for all malignant tumors. The term cancer had aneientorigins : "same says that it is so called because if aerheres to any part that it Seizes upon in an obstinate manner like the erab ".

The terms benign and malignant, as applied to neoplasms, have climical the plications. The designation benigh implies that the lesion is not life- threateming , is relatively slowgrowing, will not disseminate throngh the body (metastarize) and is amenable to removel , with cure of the patient, only rardg , will a benign neoplasm bill, and then by virtue of its strateic location or function . In cantrast, nearly all malignant heoplashis have the ugly potentials of rapid growth , invasian and destruction of cantiguous struetures, and disseminaltion thronejhout the body, leading to death.

NOMENCLATURE :

The namenclature of tumors cufortanately does not follwwn any single cansistent scheme. most benigu tuwors are classified histogeve tically by attaehing the suffire ." oma" to the call type cansistuting the neoplasm. Thus, benigu tumars camposed of fibrocylis are termed fibromas and fatty tumors, lipomas. This sgstem warles well with mesenchymal benigu tumors (There anising in muscle, bones, tendon, cartilage, fat, vassels, and lymphoid and fibrons tissur) because the tumar cells usually closely resemble their hormal conterparts, and the various adalt mesen chymal cells are sufficiently distinctive to be readily differantialed from one ano then. How ever, benigu turmors of epithelial ongin defy such easy dassification. For example, the cells that line the ducts of the panercas , the mucosal cells of the gallbladder and those of the fallopian tubas. Accordingly, benigu epithelial neopasms are variously dassified, some on the basis of their cells of origin, o thers an microscopic architecltre, and still others macroscapic patterns.

Adenoma is the term applied to the benigu epithdial neoplasm which forms glandular polterns, as well as to the tumors derived from glands but not necessanty reproducing glandular poltern, On this basis a benigu epithelial heoplasm that arises from intestinal loning cells growing in the form of numerous tightly clustered small glands would be termed an adenowa, as would a hetrogenons mass of adrenal cartical cells growing in to distinctive pattern but erely producing a small benigu new growth, Benign epithelial neoplasm producijg microscopi cally or macros copical_y visible fuvger- like or warty projections from epithelial surfaces

are referred to as papillomas or polyps. Those that form lorge eystic masses as in the ovary are reffered to as cystomas or eystadenomas. some tumors produco papillary patterns which protrude into cystic spaces and are called papillary cystadenomas (~~Fig. 1~~)

Malignant tumor homenclature essentially follows the same schema used far benigu heoplasms with certain additions. cancers arising in mesenchymal tissue are called sarcomas (Sare = fleshg). A malignant neoplam of fibroeytes is a fibrosarcama , and one camposed of fat cells is a liposarcama. Sarcamas are then designated by their histogenesis . malignant heoplasms of epithclial cell origh, derived from any of the three germ layers, are colled carcinomas. Thus cancer arising in the epidermis of ectodermal origin is a careinoma as is a cancer orising in the mesodermally derived cells of the venal tubules and the endodermally derived cells of the living of the gastrointestind .One with a glandular growth pattern micrscopica -lg is termed as adeno carcinowa, and one producing recognizable squamons cells onsing in any of the stratified squamons epithelia of the body would be terimed a squamous cell carcinoma. It is further compion praetice to specify, when possible, the organ of origin-- e.g. a renal cell adens carcinoma or bronchogevic sqwamons cell carcivoma. Not in frequently, however, a cancer is camposed of very primitive, undifferantiated cells and must be designated merely as a poorly differen tiated or undifferentialted malignant turmor or, when possible, undifferentieated carcinoma or undifferantiated sarcoma.

Usually the proliferating cells of a turmor bear a close resemblanee, to each o ther as though all came from closely related fore bears. Thus , all the cells of the aderenal adenhoma more or less resemble stratified squanms epithclial cells In some tumors divergent differentiation of the heaplastic cells gives rise to more than one cell type within the heoplasm. Such neoplasms are eategorized as mixed, the best example of

of which is the mixed tumor of salivary gland origin. Another designation ofthis lesion is a pleomorphic adevoma, udicating that it is basicallg a benigu glavclular tumar possessing divergent morphology- in same parts recognizable glamdular opithelial farmaltions, in other areas, apparent myxoid strama, and in still other oreas , perhaps is lands, of pseudo cartilage ( ). Such mixed patterns should come as no surprise since ultimately all the specialized cells of the body are derived from a single fertilized ovum and , understandably, under neoplastic influencas repressed areas of the genotype may become expressed.

Another calagory which must be differantiated is designated as terato -genous, to indicate a ceulent of a variety of cell types representative of more than one germ layer. These heaplasms, colled teratmas, arise from lotipotential cells and so are principally encountered in the gonals Rarcly, teratomas a rise from primitive cell rests sequesterd in the midline of the body duning embrupgenesos. In the heoplastic protiferation of these totipotential cells, well differentialed tissues may be produced resembling skin, muscle, fat, gat epithelium, endocrine and exocnne glandu -lar structurs , tooth struclurs. Its true terg to malong origin is aften disclosed by a ccampanying faci of muscle and cartilage.

The cystic dermoid usually behaves as a benigu heoplasm but the solid (non cystic) more vanigated teratoma is frequently malignant. The over whelming prepanderamc of heoplasms, however, are camposed of one cell type. A classification of the more camman forms of heoplasms is presented in jable j-1 .

Since each turar tends to have a specific behavior , its specific designaltion carries impartant clivical implications . Referring to

the table, one finds that testicular seminiferous epithelium may give rise to either a seminoma or an embryonal carcinoma. Totipotential cells in the testes may also produce a choricorcinomo if tetratogenous development occured along placental lines.

Given a patient with a testicular tumor, the seminoma represents a form of carcinoma which tends to spread to lymph nodes along the iliac arteries and aorta. These cancers in their primary site tends to be resectable in almost all cases, and the implants in to the abdominal lymph nodes are remarkably radisensitive and can be cured by irradiation. Very few of these patients die of their neoplasm. The embryonal carcinoma, by contrast, is not radiosensitive, and this tumor has a tendency to invade locally beyond the confines of the tesis and to spread throughout the body. Despite all theropentic efforts, over half these patients are dead within two years of discovery of their heoplasm. The choriocarcinoma in the male is one of the most malighant encountered. Specific terminology has specific clinical import.

It is necessary at this point to bring to attention certian inappropriate usage to deeply ingrained in medical parlance as to be virtually therdicable. For example, malignant tumers arising in liver cells are usually collect hehepatomas, although mere properly they should be reffered to as hepatocarcinomas. In the asme way, the carcinowa arising in melanocytes is generally collect melanowa or melignant melanoma rather than its proper designation, melacarcinowa. Malignant tumors of lymphoid origin are generically designated lymphomas but all possess varying levels of aggressiveness, and all are maglinant in their clinical behaviour. In these instances, innocent terms mash the maglinant nature of the neaplasm. Perhaps it is irrational to expect man to be rational.

CLASSIFICATION OF TUMORS

TISSUE OF ORIGINAL	BENIGN	MALIGNANT
I. Simple (composed of one single neoplastic		
A. Tumors of Mesenchy malorigin type		
1.Conective Tissue and Derivatives		Sarcomas
Fibrous tissue	Firoma	Fibrosarcoma
Falty tissue	Lipma	Liposarcoma
Myxomatous tissue	Myxoma	Myxosarcoma
Cartitage	Chondroma	Choudrosarcoma
Bone	Osteoma	Osteogevic sarcoma
Notechordal tissue	Chordoma	Chordoma (Or better, chorclo-Sarcoma)
2. Endothelial and Related tissues		
Blood vessels	Hemangioma	Hemangiosar coma(mutiple-
	Capillary	sarcoma-Kaposis sarcoma)
	Cavernous	Synovioma (Synovisarcoma)
Lymph vessels	Lymphangioma	Mesothelioma (Mesotheliosar-
Synovia		Coma)
Mesothelium (Living cell of body cavities)		

CLASSIFICATION OF TUMORS (contd.)

TISSUE OF ORIGINAL	BENIGN	MALIGNANT
Brain coverings	Meningioma	Ewings tumor
Glomus	Glomus Tumor	Endotheliosarcoma
Blood vessels of bone narrow		
3.Blood cells and Related cells		Granulcytic leukemia
Hematopoietic cells		Monocytic leukemia
		Malignant lymphomas
Lympohoid tissue		Lymphocytic leukemia
		Plasmacytoma (Multiple Mycloma)
		Hodkings disease.
4. Muscle		
Smooth muscle	Liemyoma	Leimyosarcoma
Straited Muscle	Rhabdomyoma	Rhabdomyosarcoma.

B.

CLASSIFICATION OF TUMORS (Contd.)

TISSUES OF ORIGINAL	BENIGN	MALIGNANT
Tumors of Epithelial origin		Earcinomas
Stratified squamous	Squamous cell papilloma	Squmous cell or epodermoid carcinoma.
Skin adnenal glands.		Basal cell carcinorma
Hair fallicles	Sweat gland adenoma	sweat gland carcinorma
Sebaceous glands	Sebaceous gland adenoma	Senaceous gland carcinoma.
Epith		
Epithelian living		
Glands or ducts-welldiffer-	Adenoma	Adenocarcinoma
entiated group	Papillary	Papillary carcinoma
	Papillary adenoma	Papillary adenocarcinoma
	cystadenoma	Cystadenocarcinoma
Poorly differentiated group		Medullary carcinoma
		Undifferentiated carcinoma (Simplex)
Respiratory tract		Bromchogenic carcinoma
		Bronchial "adenoma "
Neurocetoderm	Nervus	Melanoma (Melanomcarcinomas)
Reval epithelium	Reval tubular adnoma	Reval cell carcinoma

CLASSIFICATION OF TUMORS (Contd) B.

TISSUE OF ORIGINAL	BENIGN	MALIGNANT
		(Hypernephroma)
Liver cells	Liver cell adenoma	Hepotoma or liver cell carcinoma
Bil duct	Bile duct adenoma	Bile duct carcinoma (Cholangio-carcinoma)
Urinary tract epithelium	Transitional cellpapilloma	Papillary carcinoma
Transitional		Transitional cell carcinorma
		Squamous cell carcinoma
Placental epithelium	Hydatiform mole	Chorioca-rcoma
Testicular epithelium		Seminoma
		Embryonal carcinoma
II. Mixed (More than one neoplastic cell type usually derived from one germ layer)		
Salivary gland antage	Mixed tumor of salivary gland origin pleomorphic adenoma.	Salivary gland origin Wilms, tumor
Compound more than one neoplastic cell type,derived from more than one germ layer.		
Totipotential cell in gonods or in embryomic rests	Teratoma Dermoidcyst	One or more element become Malignant.

All neoplasms cause patients to be alarmed, but what comfort the diagnosis"benigu from malignant is the most important judgement the pathologists is called upon to make upon this decision are based the hterapy of the lesian and the outlook for the patient. Many criteria are used to make sucliee distinction, and the following discussion deals with the general characteristics of benigu and maligrant neoplasms and particularly those used as differential features.

DIFFERENTIATION AND ANAPLASIA

All tumors, benbgu and melignant, have two basic components (1) Proliferalivej neoplastic cells which comprise their parenchyma and (2) supprorlive stroma made up of connective tissue, blood vessels, and possibly lmyphalics. The parenchymal cell are by for the most important, since they not only make up the large bulk of most tumors but also represent the proliferality "Cutting edge" and so determine the nature of the neoplasm.

PART TWO
BIBLIOGRAPHY

1. L185:47257

CARCINOMA, EYE

BILANIUK (LT) and SCHENCK (JF). Ocular and orbital lesions: Surface Coil MR imaging. Radiology, 156, 3; 1985; 669-74.

Nine, lesions, 4 ocular and 5 orbital were evaluated by magnetic resonance surface Coil imaging at 1.5T. Small ocular lesions with 3.9-4.5 mm elevation were demonstrated. The use of 2 different pulse sequences resulted in separation of metanoma from adjacent retival detachment. Contrast obtained between orbital lesions and the adjacent normal structures was better than that demonstrated with high-resolution computed tomography.

2. L185:4725:3

DIAGNOSIS, MALIGNANT TUMOURS, EYE

SAMII (M) and RAMINA (R). Malignant teratoma of the optic nerve: Case report. Neurosurgery. 16, 5; 1985; 695-700.

An unuusual case of a malignant teratoma of the right optic nerve with extension into the chiasm is presented The preoperative diagnosis was difficult to establish. Complete removal of the lesion with postoperative irradation was carried out. Eight months after the operation, the patient developed subarachnoid metastases by tastases and died. No local recarrence of the tumor was seen at autopsy. The therapeutic possibilities for these lesions are discussed.

3. L9C, 185:47257:31

CLINICAL DIAGNOSIS, CARCINOMA, EYE, CHILD

SELKIN (SG), Mucocele of the ethmoid sinus. J. Pediatr. Otorhinolaryugol. 10, 1; 1985, 81-5.

A 15 year-old female was evaluated for pain in the region of the right medial canthus and increasing exophthalmos. She had been diagnosed as having pseudo tumor of the right orbit when she was 8 years old. The diagnosis was sustained until a second ophthalmologist requested a CTS can which demonstrated a mucocele of right ethmoid sinus. Intranasal endoscopy revealed medial balging of the right middle turbinate and meatus. Following a right external ethmoidectomy the eye returned to its normal position and pain disappeared. She has been asymptomatic for the past 4 years.

4. L90, 185:472571:4

PATHOLOGY, LYMPHOSARCOMA, EYE, ADOLESENT

A previously healthy 27 year-old man presented with a history of progressive paraplegia and blurred vision within one year. Physical examination revealed marked posterior column sign. Cerebrospinal fluid (CSF) contained a white blood count of 1,940 uL, all lymphocytes. Fundi revealed yellowish in filtration (andle-wase drippings) along retinal vessels and tumefaction of the optic nerve

head. He was initially misdiagnosed as suffering from tuberculosis was then suspected because of the unusual fundus appearance Malignant lymphoma was conformed by inguinal lymph mode biopsy.

5. L185:47257:625

RADIOTHERAPHY, CARCINOMA, EYE

AMPIL (FL) and BAHASSA (FS) Primary orbital lymphoma-pseudotumor: Case reports and review of radiotheraphy literature. J. Surg. Oucol. 30, 2; 1985; 91-5.

Five case reports of orbital pseudotumor (pseudolymphoma) and primary orbital lymphoma are presented. A review of the literature was conducted in search of differentiating clinicopathologic features suggestive of either condition as well as poart of their natural histories. Radiotherapy series reporting beneficial results are sammarized.

6. L185:47257:625

RADIOTHERAPY, CARCINOMA, EYE

HARISIADIS (L) and SHELL (MC). Orbital tumor irradiation using non-coplanar beams. Radiology. 156, 3; 1985. 823-4.

Irradiation of the orbit is often associated with substantial dose inhomogenity resulting from the insertion of lens blocks. The authors postulated that such dose inhomogeneity, which often exceeds 40%, could be halved by the

use of two pairs of wedged beams, one angled in the plane and the other in the commonly employed transverse plane. The sagittal plane is obtained by turning the treatment Couch 90°. All beams carried a centralasis lens block and were angled 30° relative to the vertical. Verification of dose distribution was obtained by film dosimetry in a hedd phantom for central- and offaxis places. These measurements indicate that significant improvement in close homogeneity over alternate methods can be achieved with this technique.

7. L18511:47259

CARCINOMA,EYE LIO

MANSOUR (AM). Metastatic lid disease. Orbit. 4, 4; 1985; 247-52.

Metastatic lid disease is a rare cutaneous occurence presenting as diffuse lid swelling or a localized nodule. The breast in women, the gastrointestinal and respiratory systems in men constitute the commonest primary sites. fidspread usually occurs late but may occasionally be the first sign of metastasis. The case of 60 year old man with upper lid retraction secondary to metastatic adenocarcinoma of unknown origin is presented.

8. Li8511:47257

CARCINOMA, EYE LIO

SMITH (SW) and CARRUTHERS (JDA). Intractable periocular hemangioma of infancy. Can. J. Opthalmol 20, 6, 1985, 220-4

A case of interactable gian periocular hemangioma in an infant is described. This histologically benign but locally invasive tumour is reviewed from the point of view of complications and available treatment modralities. The indications for therapy with a relatively new antifibrinolytic agent, tranexamic acid, are cited.

9. L18514:47254

MELENOSARCOMA, IRIS, EYE

KLIMAN (GH) and AUGSBURGER (JJ). Association between iris colour and iris melanocytic lesions. Am. J. opthamol. 100, 4; 1985; 547-8.

In a case control study of 212 white patients with primary melanocytic tumors of the iris and two control groups, contingency tables were used to evaluate the distribution of iris colour. The authors found a strong association between light iris color (blue, green, or gray) and the presence of iris melanocytic lesions (p 0.001 by x^2).

10. L18514:47254

CARCINOMA, IRIS, EYE

GARCIA-ALIV (C) and QUINTANA (M). Teleangiectatic hamartoma of the iris and ciliary body. Ophthalmologica. 191, 4; 1985; 250-

Two cases of teleangieclatic hamortoma of the iris and ciliary body are reported, one of them with its histopathological study. No previous cases have been found, as such, in the current literature. The most important descriptions of primary vascular lesions of the iris and ciliary body are briefly reviewed.

11. L18515:47254

MELENOSARCOMA, CHOROID

DeBUSTROS (S) and AUGSBURGER (JJ). Intraocular metasbases from cutaneous malignant melanoma. Arch. opthelmol. 103, 7; 1985; 937-40.

In this article authors present a consecutive series of ten patients (12 eyes) with symptomatic intraocular metastases from primary cutaneous malignant melanoma, with emphasis on the variation, in clinical features and extent of intraocular involvement. An investigation of each patients history and the presence of other concurrent metastatic facihelp to establish the diagnosis. Palliative radiation therapy may help to control the intraocular metastatic foci and limit the visual loss.

12. L18515:47254

MELENOSARCOMA, CHOROID

SASSANI (JW) and WEINSTEIN (JM). Massively invasive diffuse choroidal melanoma. Arch. Ophthalmol. 103, 7; 1985; 945-8.

A 74-year old woman was found to have increasing proptosis in a blind, painful left eye with neobascular glaucoma. Ureal malignant melanoma with massive orbital involvement was diagnosed, and the patient underwent orbital exenteration, with preoperative and postoprerative orbital irradiation. The tumor was a mixded cell, diffuse uveal malignant melanoma with involvement of the optic nerve adjacent to the line of surgical transection and of the optic herve sheath. Subsequently the cerebrospinal fluid cytology disclosed cells, consistent with malignant melanoma, despite the absence of neurologic signs of symptoms. Cerebrospihal fluid cytology is essential in such cases, and ultrasonography is of value.

13. L18515:47255:6

THERAPY, MYXOSARCOMA, COROID, EYE

FOULDS (WS) and DAMATO (BF). Low-energy long-exposure laser therapy in the management of choroidal melanoma. Arch. Clin. Exp. Opthalmal. 224, 4; 1986; 26-31.

Low-energy (0.2-0.4W) long-exposure (10-305) argon green and brypton red laser applications were used in the treatment of 29 selected choroidal melanomas. In 11 cases laser was used as an adjunct to local surgical resection of the tumour. The technique gives pro of being useful in the management of relatively flat choroidal melanomas of up 4 mm in thickness.

14. L2161:47248

ADENOMA, PARATOIDGLAND

CHEN (TTK). Carcinoma arising in monomorphic adenoma of the salivary gland. Am J. otolargngol 6, 1, 1985; 39-41.

A case of carcinoma arising in a membranous type of monomorphic adenoma of the parotid glandis reported, and the literature is reviewed. This may represent the first unequivocal case of carcinoma ensing in a nonadenohymphomat -ous and nonsebaceous monomorphic adenoma of the salivary gland.

15. L9E,2161:47248

ADENOMA, PARATOIDGLAND, ADOLSCENT

MORRISON (PD) and McMULLIN (JP). A case of metastasizing benign pleomorphic adenoma of the parotid. Clin. Oncol. 10, 2; 173-176.

A 69-year-old man who had a 50-year history of recurrent bengn pleomorphic adenomas of the Paratid presented with a further reccurence and a skull nodule. Biopsy of the the skull nodule was consistent with a metastasis of a benign pleomorphic adenoma.

16. L2161:47257

CARCINOMA, PARATOIDGLAND

HAWSON (Thomas AS). Acinic cell carcinoma of the parolid salivary gland presenting as a cyst: Report of two cases. Cancer. 36, 2; 1975; 570-5.

Two case reports of rure cystic acinecell carcinoma of the parolid gland are presented, together with a review of the literature. Both cases showed some departures from the classical histological features of acinic cell carcinomas, particularly in reference to the intracystic papillary components. Pure cystic acinic cell carcinomas of salivary gland are rasity in the literature and may appear histologically and morpbologically innocuous on superficial examination.

17. L216 :47257

CARCINOMA, PARATOID GLAND

This article reports on a high-grade mucoepidermoid tumour with a wide lymphogen and heamatogen spread. The patient's further malignomas, a carcinoma of the colon and the urinary bladder, remained without metastases.

18. L2161:47258:3

DIAGNOSIS, ADENOSARCOMA, PARATOID GLAND

LATTANZI (DA) and POLVERINI (P). Glycogen-rich adenocarcinoma of a minor salivarygland. J. Oralmaxillofae. Surg. 43, 2; 1985; 122-4.

A case of a glycogen-rich adenocarcinoma crising in the minor salivarygland of the hard palate is described. The clinical light microscopic, histochemical, and ultrastructural findings supporting this diagnosis are presented.

19. L2161: 47258: 325

MICROSCOPE DIAGNOSIS, ADENOSARCINOMA, PARATOID GLAND

GHANDUR-MNAYMNEH (L). Multinodular oncocytoma of the parotid gland. A benign lesion simulating malignancy. Hum. P athol. 15, 5; 1984; 485-6.

Oncocytomas of the salinary glands on rare occassionally, they are multinodular, which imparts a malignant appearnce. Only eight such cases have been reported, and an additional case is reported herein. Densecytoplasmic acidophilia an important clue in the identification of the lesion. When this feature is lacking, the lesion may be misteken for the more aggressive acinic cell tumor. His tochemical stains are not as useful as generally believed. Electron microscopy confirms the diagnosis by demonstrating an abundance of mitochondria. The presence of oncocytic cellular buddings

from the intercalated ducts and ductules surrounding the tumor and the labular oncocytic transformation were important adis in the recognition of multinodular oncocytoma.

20. L2161:47257:4

PATHOLOGY, CARCINOMA, PARATOID

ASAKURA (K) and MORIMOTO (K). Clinicopathological review of 36 parotid tumors. Pract. Otol, 78, 2; 1985; 211-9.

Thirty six cases of parotid tumor were treated in the clinic during the past seven years, 26 benign and 10 melognant. Of the benigh tumors, 61% were pleomorphic adenoma, and 87% of the pleomorphic adenomas were in female patients. Of the malignant tumors, adevocystic carcinoma occurred predominantly in females and adeno-carcinoma in older male patients. Symptoms, X-ray and CT findings, surgical procedures and end results are also presented.

21. L2161:47258:403

CHEMICAL PATHOLOGY, ADENOSANCOMA, PARATOIDGLAND

GUSTAFSSON (H) and KJORELL (U). Cyteskeletel proteins on oncocytic tumors of the parotid gland. Arch. Otolargyngol. 111, 2, 1985; 99-105.

Oncocytomas and worthin's tumors were studied ultrastructurally and with immunofluorescence microscopic techniques

against cytakeratins, desmin, vimentin, and actin, the latter characterizing myoepithetial cells. The cell types were found within ancocytomas, one type packed with mitochandria and virtually without filaments, the other contained fewer mitochondria but large amounts of cytokeratins. Actin was found only close to the apical cell surface in the cylindrical cells in the warthin's tumors and around the few acinar lumina found in the oncocytomas; thus a myoepitheliab origin of oncocytic tumors of salivary glands seems less plausible.

22. L2161:47257:411

CELL PATHOLOGY, CARCINOMA, PARATOID GLAND

GAL (R) and STRAUSS (M). Salivary duct carcinoma of the parotid gland: cytologic and histopathologic study. ACTA CYTOL. 29, 3; 1985; 454-56.

Ductal Carvivoma is an uncommon tumor of the salivary glands. Histopathologically, it is charcterised by the presence of intraductal and infiltrative neoplastic components morphologically resembling mammory carcinoma. A case of ductal carvinoma of the parolid gland, en which preoperative fine needle aspiration biopses was performed, is presented cytologic examination of the aspirate revealed naked nuclie featuring anisakaryesis chromative clumps and clear vaenolar zones.

23. L2161:47258:412

TISSUE PATHOLOGY, ADENOSANCINOMA, RARATOID GLAND

CHAW (KW) and Ng (W.L.). Sialadenoma papilliferum. Pathology, 17, 1; 1985; 119-22.

Sidadenoma papilliferum is a rare benign papillary intraoral tumous most frequently affecting men over the age of 50. The tumor bears many similarities to adevolymphoma of the parotid and may be considered a variant of the latter. A case is presented and the literature is reviewed.

24. L9C,2161:47257:6

THERAPY, CARCINOMA, PARATOIDGLANG, CHILD

COWLEY (J) and TINSLEY (PP Jr). Treatment and prognosis of mucoepidermoid carcinoma in the pediatric age group. Arch. Otolaryngol. 111, 5, 1985, 322-4

Although mucoepidermoid carcinoma is the most common malignant salivary neoplasm in adults, if occurs rarely in the pediatric age group. A retrospective study of 15 pediatric were 10 to 15 years old, and 11 were female. The parotid (11/15) and the palate (4/15) were the sites involved. Tumors were graded into three categories: well differentiated (grade I) moderately differentiated (grade II), and poorly differentiated (grade III). Tumor grade influenced the method and outcome of treatment Wide local composite resection was used for palatal

tumors, and total dissection was the techinique selected for porotid tumers. No nedel or sistant metastases were present in the poorly differentiated tumer category (2115). A follow-up period of ten years or more was possible in 90% of the cases. The progress for these studied is excellent and there have been no deaths attributable to the malignant process.

25. L2161:47258:7

SURGERY, ADENOSARCOMA, PARATOID GLAND

STELL(PM) and CRUIKSHANKCAH). Adenoic systic careinoma. The results of radical surgery. Elin.otalaryngal 10, 4, 1985, 205-8.

A personal series of 267 salivary tumors seen in a 20 year period was reviewed. Thirty six patients with a previously untreated histologically proven adenoid cystic careinoma of the major and minor salivary glands were submitted to radical surgery. This year survival was 73% ; no patient died of disease or suffered a, recurrence of disease beyend the 5-years mark, suggestigg that radical surgery achieves good results and largely pre-empts the notorious pattern of repeated recurrence only 8% of the patients died solely of primary recurence suggesting that the place of supraradical surgery is likely to be very united.

26. L24:47258

ADENOSARCOMA, STOMACH

STEMMERMANN(GN) and BROWN(C). A survival study of intestinal and diffuse types of Gastric Carcinoma. Cancer. 33,4, 1974, 1190-5

This study indicates that women with diffuse carcinoma exhibit better larg term survival rates than mar with diffuse carcinoma . This difference can be explained by less frequent lymph node metastages in women with diffuse tumers. The known differences in the sex distribution of stomach cancer survival and mortality rates in Japanese as compared with chucasians, The predilection of diffuse carcinoma to occur the young women.: and the differences in survived of men and women with diffuse carcinoma suggest that inherited harmonal and immernalogic factors night influence the growth of this tumer.

27. L24:47257

CARCINOMA,STOMACH

KRAUS (AS) and LEVIN (ML). A study of occupational associations with Gastric Cancer. Amer. J. Publ. Hlth. 47, Aug; 1957; 961-70.

A full and carefull occupational history was taken from 56 male patients with cancer of the stomach and from 4 control groups of patients with other disease, totalling 677. So far as possible the groups were matched for age and other factors, and precautions were taken to make the statistical comparison a fair one. The main occupations significantly associated with gastric cancer were those metal industries, including blast furnances, steel works, rolling mills, and the like, which involved exposure to iron dust. An increased incidence of gastric cancer was, however, found among men exposed to inorganic dust containing free silica one clear relationship which seemed to be almost specific was a remarkable association of cancer of the stomach wich polish birth, independent of any occupational factors. This genetic factor has been noted previously in the literature and the method of analysis used in this study gives valuable confirmation of this important observation.

28. L24:47857

CARCINOMA, STOMACH

HOWELL (LP) and WRIGHT (AL). Cytodiagnosis of in situ and early carcinoma of the upper gastrointestinal tract. Acta Cytol. 29, 3; 1985, 269-73.

Three cases of adenocarcinoma of the stomach, two in situ and one superficially invasice, and one of superficially invasive squamous cell carcinoma of the esophagus are presented to illustrate the problems encountered in the diagnosis of early lesions of the upper gastroentistinal tract and the contribution that cytodiagnosis can make. The cytologic findings, with histologick correlation are presented in an effort to define some specific criteria for the diagnosis of early malignancy of the upper GI tract.

29. L24:47257

CARCINOMA, STOMACH

IWANAGA (Takeshi) and KOYAMA (Hiroki). Diffuse submucosal Cysts and carcinoma of the stomach. Cancer. 36, 2; 1975, 606-14.

Gastric submucosal cysts, carcinomas, and atypical hyperplasia have been observed in the superfical mucosa of 12 stomachs. It is thought that gastritism may give rise to these heterotopic glands, that the development of heterotopic cysts in the submucosa may make the surface mucosa prove to erosion, and the repeated erosion and regeneration may cause carcinoma or atypical hyperplasia.

30. L24:47257

CARCINOMA, STOMACH

MACHI (J) and TAKEDA (J). Normal stomach wall and gestric cancer: Evaluation with high-resolution operative. Radiology. 159, 1; 1986; 85-87.

Operative ultrasound examinations were performed using a 7.5-MH_2 ultrasound during nine operations for advanced gastric cancer and during six for early concers. Normal stomach wall showed five layers that corresponded to histologic structurs. Fourteen of 15 tumors, including non-palpable early cancers, were localized with ultrasonography. In addation, both depth of penetration and lateral wall extension of the gastric cancer were precisely determined with thus technique. The preliminary result indicate that high-resolution operative ultrasonography may become a diagnostic aid during gastric cancer operations.

31. L24:472562

LIPOSARCOMA, STOMACH

SATO (T) and SARAI (Y). Radiologic manifestations of early gastric lymphoma. Am. J. Roentgeno. 146, 3; 1986, §13-8.

Thr radiologic features of 12 early gastric lymphomas in six patients were analyzed and correlated with the clinicopathologic findings. One 0.8 cm lesion on the anterior

wall of the corpus could not be detected radiologically either prospectively or retrospectively. All tumors were smaller than 7.0 cm and located within the stomach. A frequent finding was localized, slight enlargement of f lds with a smooth contour, suggesting submucosal tumor infiltration. These folds were more apparent in the radiograph than in the surgical specimen, and were easily deformed by the compression method or become less prominent in the more distended stomach.

32. L24:47257:2

ETIOLOGY, CARCINOMA, STOMACH

LOSCOS (JM) and GUTTERREZ DEL OLMO (A). Cancer of the hastric stump. Gastrointest. Endosa. 32, 2; 1986; 75-7.

28,500 fiberoptic endoscopies were reviewed. 97 lancens of The stump were found in 1,119 patients who had gastric resection (8.66%), in contrast to the 3.9% of cancers of found in nonoperated patients. This suggests that the Gastric remant has a higher tendency to develop cancer than the nonresected stomach. A policy of periodic follow-up of these patients must be considered in order to detect the tumor at an early stage.

33. L24:47257:2

ETIOLOGY, CARCINOMA, STOMACH

SUEHIRO (SI) and NAGASUE (N). Carcinoma of the stomach in atomic bomb survivors. Cancer. 57, 9; 1986, 1894-8.

The results of surgical treatment of gastric cancer were reviewed retrospectively for 135 atomic bomb survivors and 2.77 control patients. The mean age was significantly higher in the survivors than in the controls. Otherwise, both groups were quite comparative especially in term of the stage of the disease. Histopathologically, the rates of poorly differentiated or undifferentiated types of carcinoma and secondary lymph node involvements were significantly lower in the survivors than in the controls. There were no significant difference between the two groups in postoperative morbidity and mortality rates and long term survival rate. The incidence of second primary malignancies, however, was apparently higher in the survivors than in controls.

34. L24:47258:2

ETIOLOGY, ADENOSARCOMA, STOMACH

WYNDER (EL) and KMET (J). An epidemiological investigation of hastric cancer. Cancer, 16, Nov.; 1963; 25-9.

This paper provides avaluable review of the distribution of gastric cancer throughout the world and of existing knowledge of the actiology of the disease. It also prosider new data obtained from interviews with patients with gastric cancer. In their own study the authors compared

521 patients with gastric cancer from the four countries with 653 control. The common characteristics of areas high in gastric cancer (Japan and Iceland) which distinguished them from the low incidence area (U.S.P.) were a high intake of starchy foods and a low intake of fresh fruits and vegetables. In some areas of high incidence there is a relatively high use of home-smoked or charcoal broiled foods.

35. L24:47258:33

CHEMICAL DIACNOSIS, ADENOSARCOMA, STOMACH

FUKUDA (Y) and SAKURAI (M). Primary gastric choriocarcinoma. Acta Pathol. Jap. 35, 3; 1985; 655-66.

An autopsy case of primary gastric choriocarcinoma of a 70 year-old Japanese female is presented. The tumor was initially diagnosed as poorly differentiated adenocarcinoma of the stomach by biopsy. Autopsy revealed coexistence of choriocarcinoma and adenocarcinoma in the stomach and a large amount of human chorionic gonadotropin in the serum. The choriocarcinoma metastasized to the liver, lung and omentum, and the adenocorcinoma to lymph noles. In the gastric tumor, immunohistochemical stains showed human chorionic gonadotropin in choriocarcinoma cells, alphafetoprotein and carcinoembryonic antigen in adenocarcinoma cells. The pathogenesis and pathological characteristics of primary gastric horiocarcinoma are discussed.

35. L24:47258:33

CHEMICAL DIAGNOSIS, ADENOSARCOMA, STOMACH

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36. L24:47257:325

MICROSCOPE DIAGNOSIS, CARCINOMA, STOMACH

LISHI (H) and TATSUTA (M). Endoscopic diagnosis of minute gastric cancer of less than 5 mm in diameter. Cancer. 56, 3, 1985; 655-59.

The accuracy of diagnosis by andoscopic visual and histocytologic examination of minute gastric cancers of less than 5 mm in longest diameter was investigated, 5[illegible] minute cancers were found in 54 patients. Histologic or cytologic confirmation of carcinoma was obtained before operation in 73% of cases with a solitary lesion, but in only 75 of case with multiple lesions, for an overall positive result of 25.5%. The diagnostic rate was higher for elevated type and depressed type with converging folds than for that type and depressed type without coverging folds. No cancers of less than 3 mm in longest diameter were correctly diagnosed before operation. Endoscopic detection and subsequent accurate biopsy of suspecious lesions is very important for diagnosis of minute gastric cancer.

37. L24:47257:3253

X-RAY DIAGNOSIS, CARCINOMA, STOMACH

ALBERTI-FLOR (JJ) and HALTER (S). Multiple gastric carcinoids in a patient with history of primary hyperparathyroidish. Am. J. Gastroenterol. 80, 7; 1985; 531-4.

A 66-year old man with a past history of hyperparathyroidism was evaluated for chronic epigastric pain. An upper gastrointestinal X-ray examination revealed the presence of polypoid filling defects and endoscopy-polypectomy eventually proved these to be gastric carcinoids.

38. L24:4725:2

ETIOLOGY, CARCINOMA, STOMACH

BONAR (SF) and Sweaney (EC). The prevelance, prognostic significance and hormonal content of andocrine cells in gastric cancer. Histopathology. 10, 1; 1986; 53-63.

Twenty six of 100 cases of gastric adenocarcinoma contained argyrophil cells. All these tumors were carcino-embryonic antigen positive and 13 contained variable amounts of gastro-enteropancreatic peptides and amines. There was no significant difference in mucin type, extent or incidence of intestinal metaplasia between tumors with and those without endocrine cells. The prognosis for both groups was similarly poor, contrasting with that for carcinoid and atypical corcinoid. Endocrime cells hyperplasia was evident in the adjacent mucosa in some of the cases of endocrine positive tunors. There was no association between achlorhydria and the presence of endocrine cells in the tumors.

39. L24:47257:7

SURGERY, CARCINOMA, STOMACH

CAYGILL (CPJ) and HILL (MJ). Mortality from gastric cancer following gastric surgery for peptic ulcer. Lancet. 20, 3; 1986, 929-31.

When compared with a matched population group, 4466 ulcer patients who had had gastric surgery between 1940 and

1960 showed no difference in the rish of death from gastric cancer in the first 20 years of follow-up but a U.S. fold increase thereafter. In duodenal ulcer patients there was an initial decrease in risk followed by a 3.7 fold increase after 20 or more years. Since the initial decrease was seen only in the gastrectomy patients and not in those who had trancal vagotomy and drainage, it may have been due to reduction in mucosat surface. The increased rish 20 years after duodenal ulcer surgdry was grater in vagotomy patients than in gastrectomy patients. In gastric ulcer patients a 3.0 fold increase in rish for the first 20 years rose to a 5.5 fold increase thereafter. After 20 years, patients treated with the Bilroth II operation were at high rish than those treated with Bilroth I, consistent with a role for bile refluse in gastric carcinogenesis.

40. L24:47258:7

SURGERY, ADENOSARCOMA, STOMACH

TAKSDAL (S) and STALSBERG (H). Histology of hastsic carcinoma occurring after gastric surgery for benign conditions. Cancer, 32, 1; 1973; 162-6.

Eight-four gastric cancers in patients who had previously been subjected to gastric surgery for benign conditions were histologically classified according to Lauren's method

and compared to gastric cancer in patients with no previous gastric surgery. It is concluded that intestinal and diffuse type of gastric carcinoma both increase in frequency after gastric surgery, but the increase appears to be larger for the diffuse type. Intestinal metaplasia and gastritis were no more prominent in sections from the primary resectates from 16 patients who later developed gastric cancer than in controls. Infiltration of leukocytes was more prominent in carcinomas found in postoperative patients than in carcinomas found in patients not previously operated on.

41. L24:47258:7

SURGERY, ADENOSARCOMA, STOMACH

CAI-JIE (Yan) and BROOKS (JR). Surgical management of gastric adenocarcinoma. Am. J. Surg. 149, 6; 1985; 771-4.

This paper has analyzed the results of surgical management of 196 patients with gastric carcinoma. Surgical technique, operative mortality, and complications, and 5 yr survival were recorded. The respectiability rate of the tumor in patients explored was 78.1% and the 5 yr. survival for all 153 gastrectomies was 24.9%. Chronologic comparison over the years showed a decrease in the incidence of cancer of the stomach over the past 55 yr. a steady increase in the 5 yr. absolute survival of patients with gastric carcinoma, and a significant decrease in the operative mortality and an increase in the 5 yr survival after subtotal gastrectomy.

42. L2722:47257

CHARCINOMA, COLON

PALVIO (DNB) and SORENSEW (FB). Stem cell carcinoma of the colon and rectum: Report of two cases and Review of the literature. Dis. Colon Rectum. 28, 6; 1985; 440-5.

Two cases of highly malignant tumors, one originating in the sigmoid colon and the other in the rectum, are presented. Both tumors showed light microscopic, electron microscopic, and immunohistochemical evidence of multidirectional differentiation. The tumors were composed mainly of undifferentiated cells, but focally merging into areas with adenocarcinomatous and squamous differentiation. Ultrastructurally and histochemically, a predominant endocrine differentiation was present in the undifferentiated areas of the tumors. These two cases lend further support to the recent concept of a pluripotential stem cell in the mucosa of the gastrointestinol tract capable of differentiation in several directions.

43. L2722:47257

CARCINOMA, COLON

BUNDRED (NJ) and WHITFIELD (BCS). Gastric surgery and the risk of subsequent colorectol cancer. Br. J. Surg. 73, 8; 1985; 618-9.

A matched case control study has been conducted in order to determine whether an association exists between gastric surgery and the subsequent development of coborectal carcinoma. Two hundred and eighty-nine patients (15) women and 138 men) presenting with large bowel cancer have been studied. Case controls were matched according to age, sex and date of admission. The case notes of each patient in the study were reviewed to determine the prevolvance of peptic ulceration and gastric surgery. Significantly more patients with colorectal carcinoma has undergone gastric surgery P 0.05, although the prevalence of peptic ulceration was similar in both groups. Colorectal carcinoma is more common in patients who have undergone gastric surgery for benign peptic ulcer disease than in the general population.

44. L2722:47257

CARCINOMA, COLON

ALLEY (PG) and McNEE (RK). Age and Sex differences in right colon cancer. CCLONRECTUM. 29, 4; 1986; 227-9.

In a prospective study of 402 colorectal cancer patients, 133 patients (46 men and 8 women) presented with right colon cancer. There was no significant difference betwen men and women in right colon cancer indidence. Common presenting features were abdominal pain, weight loss, and

anemia. Ninety-one patients underwent resection with curative intent. There were significantly fewer Dubes' A tumors in the right colon cancer series. Significantly more women in the right colon cancer group were over 79 years old. The findings of peritoneal metastases and poorly differentiated lesions at initial surgery also were associated significantly with women who had right colon cancer. This study confirms previous reports of more advanced tumors in the right colon. The need for age, sex and subsite differences to be taken into account when assessing treatment outcomes or survival is emphasized.

45. L2722-3:4757

CARCINOMA, RECTUM & COLON

STEBBINGS (WSL) and FARTHING (MJG). Androgen receptors in rectal and colonic cancer. Dis. Colon Rectum. 201, 1; 1986, 95-8.

To evaluate the patential effect of androgens on human colorectal cancer, the prevalence and concentration of cytosotic androgen receptors were analyzed in 23 rectal and 13 cecal adenocarcinomas by a hybrid radioligandassay. Androgen receptors were detected in nine of the rectal and five of the cecal tumors. Androgen receptor levels demonstrated were low, ranging from three to 17 fmol/mg cytosol

protein. Andogen receptor prevalence was similar in mucosa adjacent to rectal and cecal adenocarcinomas and in mucosa drom five of ten patients withdiverticular disease. Author's findings suggest that androgen dependency does not play a major role in edocrine control of the development of rectal cancer.

46. L2722:47257:2

ETIOLOGY, CARCINOMA, COLON

GARDNER (BERNARD) and FELDMAN (Joseph). Investigations of factors influencing the prognosis of colon cancer. Am. J. of surg. 153, 6; 1987; 1541-4.

This study evaluates groups of colon cancer patients to determine factors affecting survival that are not commonly used in current staging systems. It points out that significant errors can occur in interpreting the results of randomized trials if stratification for these factors is not considered.

47. L2722:47257:7

SURGERY, CARCINOMA, COLON

HOBLER (KE). Colon surgery for cancer in the very elderly: Cost and 3-year survival. Am. Surg. 203, 2; 1986; 129-31.

Is colon cancer surgery justified in the very elderly from the standd point of cost and 3-year survival rates? Two hungred eighty patients undergoing major surgery for colon

cancer during 1981-3. were divided into a group of 61 with ages greater than or equal to 80 (GE80) and 219 less than 80 (LT80). Although those GE80 had higher median lengths of stays (18 Vs. 15 days, p=0.013) than these LT80, there was no difference 3-years survival carves. Proportional Hazards linear Modal (Multivariate) analysis showed that the risk of mortality could be predicted by disease stage or type of operatial required but not by age group. It is concluded that surgery for colon cancer in the veryelderly is justifiable and should not be restricted on the basis of age alone.

48. L2722:47257:7

SURGERY, CARCINOMA, COLON

SUGARBAKER (RH) and GIANOLA (EJ). Prospective, randomized trial of intravenous versus intraperitonal 5-fluorouracilin patients with advanced primary colon or rectal cancer. Surgery. 98, 3; 1985, 414-22.

The authors undertook this study to investigate a new route of administering an old drug, 5-flourouracil. Sixty six patients with advanced primary colon or rectal cancer were randomized to recive 12 cycles with increasing dosages of intravenous (IV) or intraperitoneal (IP) 5-FU; the mean follow up time was three years. The maximal tolerable dose and objective adverse side effects were

recorded. The mean daily dose of 5-FU given by the IV route was 904 mg, for the IP route it was 1361 mg two of ten patients had recurrent peritoneal carcinomatosis when treated with IP5-FU; ten of eleven patients treated with IV 5-FU developed periteneal imptants. It was concluded that if 5-FU is given to patients with gastro-intestinal malignancy, The IP route shoudl be strongly considered.

49. L2923:47257

CARCINOMA, RECTUM

MADSEN (PM) and CHRISTIAN (H). Distal intramural spreat of rectal carcinomas. Dis. Colon Rectum. 29, 4; 1986; 279-82.

Forty-three consecutive specimens of respected rectal carcinomas, 16 abdominoperineal and 27 anterior resections, were examined for distal intramural spreat. Thirty-four of the resections were considered curative and nine palliative. Eighteen carcinomas (42%) showed no distal spread (0.5 mm). In the remaining cases, 11 (25%) had distal spread of more than 5 mm and eight of more than 10 mm. The eight carcinomas with distal spread of greater than 10 mm. were advanced Dukes'c tumors only three were considered curable. All potentially curable carcinomas would have been resected adequately with a distal margin of only 1.5 cm. except one signet-ring carcinoma with extensive lymph node metastases located in the lower rectum.

50. L2723:47257:3

SAITOH (N) and OKUI (K). Evaluation of echographic diagnosis of rectal cancer using intrarectal ultrasonic examination. Dis. Colon Rectum. 29, 4; 1986; 234-42.

Ultrasonic examination conducted in order to diagnose the depth of in vasion and local lymph node metastases of rectal cancer. The intrarectal approach was performed preoperatively in 99 patients with rectal cancer, using either an olympus-Aloka Ultrasonic endoscope or other probes. Through this method, intrapelvic organs were detected in all patients. The normal rectal wall was echogenically divided into five layers, the third layer being the submucosal and the fourth layer being the proper muscle layer. In some cases, the proper muscle layer was divided into three layers in the echogram. In 79 to 88 patients, the diagnosis of depth of invasion, classified into three groups, was possible. Thus, intrarectal ultrasonography provides valuable information concerning the choice of operating methods for rectal cancer.

52. L2723:47257:3

SYMPTOM, CARCINOMA, RECTUM

ROEDIGER (WEW) and TUCKER (WG). Thickening of Pelvic-fascia in carcinoma of the rectum. Dis. Colon Rectum. 29, 2, 1986; 117-9.

Computed tomography (CT) scan of the pelvis unreliably detected metaitases to lymph nodes from rectal carcinoma. Althernative features of tumor spread visualized on pelvic CT scan may aid preoperative evalution. Two patients in a series had tickened perirectal foscia due to tumor involvement. The perirectal fascia was recently described by other from CT scans of the pelvis. The extent of the perirectal fascia. Shown on CTscan cofrelated with descriptions of Waldeyers's fascia that stress its expensive nature enveloping internali vessles and lymphatics. The fascial thicknening also is found in inflammatory pathology of the rectum, and fascial thicknening of pelvic CTscan is thus not an absolute indicator of carcinoma.

52. L2723:47257:412

TISSUE PATHOLOGY, CARCINOMA, RECTUM

D'ISTRIA (M) and FASANO (S). Androgen and progesterone receptors in colonic and rectal cancers. Dis. calon Rectum 29, 4; 1986; 263-5.

Androgen progesterone and estrogen receptors were analyzed in 12 primary colonic cancers and 16 primary rectal cancers. Androgen and progesterone receptors were positive in some colonic cancers and rectal carcinomas; however, hone of the specimens analyzed showed estradiol receptor.

53. L2723:47257:625

RADIOTHERAPY, CARCINOMA, RECTUM

CHAN (KW) and BOEY (J). A method of reporting radial invasion and surgical clearance of rectal carcinoma. Histopathology. 9, 12; 1985; 319-27.

Fifty rectal carcinomas resected during a 24 month period were examined by whole-month giant sections. By light microscopy the distance of maximal tumor in vasion into the bowel wall and the surgical cleárance were measured by a new standardized method. The outer border of the muscutans propria and the line of surgical excision were used as the reference points preliminary results suggest that there is a significant inverse correlation between tumour penetration and radial surgical clearance. The adequacy of radial surgical clearance may affect the risk of local recurrence and may prove useful as a prognostic indicator.

54. L291:4725

MALIGNANT TUMORS, LIVER

PHILLIPS (MJ) and LANGER (B). Benigh liver cell tumors Cancer, 32, 1; 1973; 463-9.

The pathologic features of 15 benign liver cell tumors have been reviewed. Distinctive gross, microscopic and ultructural serve to distinguish two pathologic entities-

Liver cell adenoma and hepatic hamartoma. Both conditions are benign tumors and must be differentiated from primary liver cell carcinoma. Much confusion exists in the terminology applied to these lesions. It is proposed that the term hepatic harmotoma be used for that common focal nodular melformation of the liver that is composed of hepatacytes and biliary epithelial cells, and that the terms liver cell adenoma be reserved for those bengin neoplasms composed soley of well-differenciated hepalocytes.

55. L291:47257

CARCINOMA, LIVER

SATO (Y) and FUJIWARA (K). Benefit of transcatheter arterial embolization for ruptured hepatocellalar carcinoma complication liver cirrhosis. Gastroenterology. 89, 1; 1985; 157-9.

In 6 patients with spontaneous rupture of hepatocellular carcinoma complicating liver cirrhosis, but with no occulusion of the main portal trunk, transcathter arterial embolization was performed within 7 days of the rupture. A ll 6 patients were thought to be inoperable because of shock state or severe hepatic dysfunction. In all 6 patients, the progressive decrease in the hematocrit ceased

soon after the embolization. Five patients survived for 31-168 days after the embolization; 1 patient who developed septicemia died 10 days later authors conclude that rranscatheter artenal embolization is beneficial as a produce of first choic for ruptured hepato collular carcinoma when the portal blood flow is maintained.

56. L291:47257

CARCINOMA, LIVER

LINDER (GEORGE T) and CROOK (John N). Primary liver carcinoma Cancer, 33, 6; 1974; 1624-9.

From 1948 through 1970, 164 histologically diagnosed cases of primary liver carcinoma were managed. The disease was five times more in males, and most frequently occured in the 6th and 7th decades of life weight loss, upper obdominal pain, anorexia, and jaundice made the most significant symptom complex Approximately 85% of the cases were hepatocellular carcinoma. Extra hepatic metastases were present in 55% of the 120 cases which come to autopsy. Lung, regional nodes, adrenols, and bone were the favoured sites. tumor was limited to one table in 32% of cases. Cirrhosis of the liver was diagnosed in 56%. Over all survival data for operated Vs. nonoperated cases did not vary significantly wenty-seven patients had percutaneous liver biopsy, the death of 3 was directly attributable to intra abdominal hemorrhage after this procedure.

57. L9C,291:47257

CARCINOMA, LIVER, CHILD

POLLICE (L) and BUFO (P). Primary pepatic tomars in Pediatric age. Med. Biol. Environ. 13,1; 1985; 683-98.

Twenty-five personal observations of primary pediatric tumor of the liver are reported and a critical review of the numerous classifications proposed is made. In each group of neoplasia the pathogenetic like between these rare and interesting tumors and viral and chemical factors as well as thre relationship with congential anomalies are discussed. This, together with the histological and ultrastructural patters, suggest the possible dysembryogenetic nature of this group of tumors.

58. L291:472563

FIBROSARCOMA, LIVER

ALRENGA (Dharam P). Pfimary Fibrosarcoma of the liver: case report and review of the literature. Cancer, 36, 2, 1975; 446-9.

A case of primary fibrosarcoma of the liver occurring in a 51 year old man is added to 11 previously published cases The neoplasm was moderately differentiated and occured in a cirrhotic liver. Review of the literature revealed this to be the 3rd case of fibrosarcoma associated with

cirrhosis. In 4 additional cases of cirrhosis- associated fibrosarcoma, a coexistent primary carcinoma was present in a different part of the same liver.

59. L291:47257:3

CLINICAL DIAGNOSIS, CARCINOMA, LIVER

OHL (S) and REHWALD (U). Evaluation of hepatic calcifications in cancer patients with ultrasonography and completed tomography. Tumordiagnther. 6, 1; 1985; 32-36.

Eight patients with metaslatic solid tumors had calcified liver metastases. These infiltrates can be demonstrated by pain X-ray pictures, however, they may be differentiated earlier by sonography and computed tomography. Their appearance does not necessarily correlate with the histology or response to treatment. In addition to cases of colorectal malignancy, this unusual finding occurred in association with breast cancer, thyroid and ovarian cancer.

60. L291:47257:4

PATHOLOGY, CARCINOMA, LIVER

SHEPHERD (AN) and JAIN (AS). Pathological fracture, bone metastases and primary hepatocellular carcinoma. Clin. Oncol. 10, 2; 1984; 181-4.

Pathological fracture and melastatic bone disease without pulmonary metastases were the presenting features in three patients ultimately found to have primary hepatocellular carcinoma. In one case immunoperoxidase staining of bone scraping for -fetoprotein secreting cells contributed directly to the diagnosis.

61, L291:47254:6

THERAPY, DIAGNOSIS, MELENOSARCOMA, LIVER

GIBBY (DG) and HAWKS (JB). Bile duct carcinoma: Diagnosis and treatment. Ann. Surg. 202, 2; 1985; 139-144.

Fifty three patients were evaluated for carcinoma of the extrahepatic bile ducts. This population was retrospectively reviewed and 33 preoperative and postoperative variables were analyzed to evaluate the predictors of increased survival. No preoperative data, including symptoms, admitting laboratory data, or tumor location, predicted increased survival. Whipple resection yielded a median survival of 12 months; palliative resection, 1.5 months and laparotomy, only 5.5 months; these differences were not statistically significant Experience with six patients treated with internal rediation, plus as much as 4000 rads of external beam irradiament may aid palliation.

62. L291:47257:625

RADIOTHERAPY, CARCINOMA, LIVER

MARCHAL (GL) and PYLYSER (K). Aneehoic halo in solid liver tumors: sonographic, microangiographic, and histologic correlation. Radiology, 156, 2; 1985; 479-83.

The origin of the sonographic holo sign in liver metastases was studied after autospy in 33 livers with macroscopic tumoral involvement. For 20 lesions a detailed comparison of findings from high-resolution 7.5 and 10 MH_2 sonography, microangiography, and histology was carried out. Histologic study focused on the tumor periphery and its relationship to the adjacent liver parenchyma. In particular, the type of tumor infiltration, the presenc or obsence of peritumoral fibrosis, and the degree of liver cell compression were assessed. In all but two cases the halo was extratumoral and was caused by peritumoral liver cell compression. In the remaining two cases the halo was tumoral and was cuased by irregular fibrosis or vascularization.

63. L291:47257:628

CHEMOTHERAPY, CARCINOMA, LIVER

DOUGLASS (EC) and GREEN (AA). Effective cisplatin (DDP) based chemotherapy in the treatment of hepatobtastoma. Med. Pediatr. Oncology. 13, 4; 1985; 187-90.

Nine of 11 patients with hepatoblastoma treated with cisplatin (DDP) based chemotherapy had a complete (CR) or partial (PR) remission. Five of these achived a CR

of palmonary lesions. The average interval of disease control following was three times that of Admamycin (ADR). DDP is an effective agent in the treatment of hepatoblastoma.

64. L291:47257:628

CHEMOTHERAPY, CARCINOMA, LIVER

SULLIVAN (RD) and NORCROSS (JW). Chemotherapy of metastic liver cancer by prolonged Hepatic-artery infusion, New England Journal of Medicin, 270, Feb. 13; 1964, 321-7.

Experience of continuous infusion into the hepatic artoy of chemotherapeutic drugs in the management of 21 patients with advanced metastatic cancer of the liver is described in this paper. Of the 21 patients 16 were considered to have received adequate treatment, and in 13 of these there was significant tumour regression. Appreciable clinical benefit, however, was obtained by only 10 patients in this group, 8 of whom had a primary growth in the colon or rectum and in the pancreas of the remaining 6 patients 3 died from hepatic coma during or shortly after treatment. With the dosage given significant toxicity ware rarely noted. In 9 cases the response to live function tests become abnormal, but after cessation of treatment liver function improved in most of the cases.

65. L291:47257:628

CHEMOTHERAPY, CARCINOMA, LIVER

FALKSON (G) and COETZER (BJ). Phase II studies of mitoxantrone in patients with primary liver cancer. Invest. New Drugs 3, 2; 1985; 187-9.

Forty-nine patients with histologically confirmed primary liver cancer have been entered on phase II trials of mitoxantrone at a dose of 14 mg/m^2 every 3 weeks. Among the patients evaluable for toxicity, leukopenia and Jhrombocytopenia were the most important side-effects encountered. Partial responses have been orserved . In a significant number of patients the disease remained stable for at least 1 month. At present. The response rate and median survival times are similar those documented with other single cytotoxic drugs, given to comparable groups of patients with primary liver cancer.

66. L291:47257:628

CHEMOTHERAPY, CARCINOMA, LIVER

TONAMI (N) and NAKAJIMA (K). Ti per-rectal scintigraphy in primary hepatocellular carcinoma. Nucl. Med. Commun. 6, 6, 1985; 327-39.

The results of ^{201}TI pre-rectal scintigraphy in 10 patients with primary hepatocellular carcinoma (HCC) were presented together with the findings from contract angiography,

computed tomography and ultrasonograph. ^{201}TI accumulation within the tumor was seen in seven of ten patients. This accumulation was though to be due to ^{210TI} supply not from the portal vein but from the hepatic artery since significantly high heart to liver uptake ratio from 0.71 to 1.21 and clear visualization of hear and bidneys. indicating the presence of abundant portal to-systemic shunting were observed. This finding reveals the evidence of the lack of ^{21}TI supply to the tumour from the portal vein. It seems that HCC does not recive any significant amount of blood flow from the portal system.

67. L9E.291:47257:628

CHEMOTHERAPY, CARCINOMA, LIVER, OLD AGE

YANAGA (Katsuhiko) and KANEMATSU (Takashi). Hepatic resection for Hepatocellular carcinoma in elderly patients Am. J. Surg. 155, 2; 1988; 238-41.

Between 1973 and 1985, 27 elective hepatectomies were performed for hepatocellular carcinoma in patients 65 years of age or older. The authors report that 40.7 percent of these patients died in the hospital, mainly due to spsis. They conclude that concomitant systemic disorders and major hepatectomy for patients with cirrhosis were the causes of the high postoperative death rate.

68. L292:4725

MALIGNANT TUMORS, GALLBLADDER

HIGGS (WR) and MOCEGA (Ena E). Malignant mixed tumor of the Gallbladder. Cancer, 32, 1; 1973; 471-5.

An unusual case of malignant mixed tumor of the gall-bladder is reported. Its four microscopic components adenocarcinoma, fibrosarcoma, chondrosarcoma, and os twid- are illustrated. Its similarity to malignant mixed tumors of the liver is described. Possible explanations for its origin are presented.

69. L242:4725

MALIGNANT TUMORS, GALLBLADDER

OJEDA (UJ) and SHILKIN (KB). Premalignant epithelial lesions of the gall bladder: A prospective study of 120 cholecystectomy. specimens. Pathology 17, 3; 1985; 451-4.

One hundred and twenty gall-bladders obained at cholecystectomy for gallbladder disease formed the basis of a prospective study of premalignant epithelial lesions. Six cases displayed abnormal mucosa (5%); 4 had a typical hyperplasia (dysplasia) and 2 gall-bladders had carcinoma in-situ; all were associated with chromic cholecystitis and lithiasis. These changes are considered premalignant and are probably precursors of gallbladder

carcinoma. It is the possible to predict which patient with chronic galt bladder disease is likely to harbour premalignant epithelial changes. In any event, thorough histological examination of all galt bladders removed surgically is more than fustified.

70. L292:47257

CARCINOMA, GALLBLADDER

WEE (A) and LUDWING (J). Hepatobiliary carcinoma associated with primary sclerosing cholangitis and chronic ulcerative colitis. Hum. Pathol. 16, 7; 1985, 719-26.

Hepatobilary carcinomas were found in eight patients with chronic ulcerative colitis (CUC) and primary sclerosing chalangitis or pericholangitis. The tumors were extra-pepatic in five cases and intrahepatic in two; in one case the neoplasm affected both liver and gallbladder. The tumors in seven patients were glandular and, sometimes, cystic and papillary in the remaining patient a combined hepatocellular carcinoma and cholangiocarcinoma was found The letter tumor seemed to arise from regenerative nodules in secondary biliary cirrhosis complicating PSC. The findings of the present study indicate that the PSC syn-drome predispose patients for the development of bil duct carcinoma seem to have PSC prior to the development of the pepatobiliary tumor.

71. L292:47257

CARCINOMA, GALLBLADDER

MITTAL (B) and DEUTSCH (M). Primary cancers of extra hepatic biliary passages. Int. J. Radiat. Oncol. Biol. Phys. 11, 4, 1985; 849-54.

The authors analyzed the records of 22 patients with cancers of extrahepatic biliary passage (EHBP) to under stand their natural histories and patterns of failure and to evaluate the effectiveness of various treatments. None of the preoperative investigations consistently defined the entire extent of tumor. Percutaneous transhepatic cholangiography (PTHC) was the most helpful (100%) in accurately defining the site of ductal obstraction. Compute tomography was helpful in diagnosing liver metastases in 53% and primary tumor mass in 23% of patients.

72. L292:47257:3

DIAGNOSIS, CARCINOMA, GALLBLADDER

CARPENTIER (Y) and LAMBILLOTTE (JP). Primary sarcoma of the Gallbladder. Cancer, 32, 1; 1973; 493-7.

The case of a 77 year old woman with a primary sarcoma of the gallbladder is reported, and the literature on the subject is reviewed. The authors pointed out the post prognosis of this cancer in spite of extended surgical resection or regional artérial chematherapy. It is admitted that the rare situation allowing a reasonable chance of long-term survival occurs when the dignosis of

carcinoma is made at histologic examination of gallbladder removed for what was colled "simple lithiasis".

73. L292:47257:31

CLINICAL DIAGNOSIS, CARCINOMA, GALLBLADDER

KOGA (A) and YAMAUCHI (S). Primary carcinoma of the gallbladder. Am. Surg. 51, 9; 1985; 529-33.

Sixty-five Japanese patients with primary carcinoma of the gallbladder were treated. Forty-one patients had histologically proven primary carcinoma and the other 24 patients were diagnosed by laparotomy and/or combination of several diagnostic procedures. The female to male ratio was 1.5 to 1. The peak incidence was at the age of 60-69 years for both sexes hellstones were found in 53 percent of resected patients and were demonstrated in 58 percent of conresected patients by ultrasonography. Toparotomy was performed on 50 patients and the tumor could be removed in 15 patients. Resection could be done in only one of 18 patients correctly diagnosed. Fourteen of 15 patients who underwent resection had been diagnosed as case of benign lesions. Curative resections were feasible in six of 15 patients. In curative resection cases, the longest survival time was 42 months; and in case of non-curative resection, 26 months. Most of the nonresected p tients died with in 6 months with an operative mortality of 16.6 percent. This report reinforces the difficulty in diagnosis and the poor prognosis for patients with primary carcinoma of the gallbladder.

74. L292:47248:325

MICROSCOPE DIAGNOSIS, ADENOMA, GALLBLADDER

SATO (H) and MIZUSHIMA (M). Fessile adenoma of the gallbladder: Reappraisal of its importance as a precancerous lesion. Arch. Pathol. Eeb. Med. 109, 1; 1985; 65-9.

Three hundred gallbladders from patients with cholelithiasis were examined under a dissection microscope. Sixteen (5%) were found to have what have been called sessile adenomas. They consisted of mixtures of hyperplastic lining epithelium and metaplastic macous glands, and their interstitium eften included smooth muscle fibers. Small foci of moderately severe collular atypsism were present in 19% of the adenoma cases, but hone had definitive evidence of malignancy. Carcinoembryonic antigen was demonstrqted in hyperplastic lining epithelium with or without collular a hypism in 31% of the cases. Sessile adenomas most libely represent reactive overgrowth and therefore we prefer to term them hyperplastic .

75. L292:47257:625

RADIOTHERAPY, CARCINOMA, GALLBLADDER

BUSKIRK (SJ) and GUNDERSON (LL). Analysis of failure following curative irradiation of gallbladder carcinoma. Int. J. Radiat. Oncol. Biol. Phys. 10, 11; 1984; 2013-23.

Twenty patients with carcinoma of the gallbladder (GB-4 patients) received radiation therapy with curative intent. All 20 received 4500-500 rad. in 180-200 rad fractions to the tumor and regional lymph nodes. A 1000 to 1500 rad external beam boost was delivered in 180-200 rad fractions in 10 patients who received external beam alone or concomitant 5-Fluprouracil (5-FU). Three of the four GB patients received a transcatheter boost with 192- Iridium (^{192}Ir) to a dose of 2000-2800 rad calculated at a 0.5-0.1 cm. radius.

76. L292:47257:626

ELECTROTHERAPY, CARCINOMA, GALLBLADDER

Cholangiocarcinoma: A new sign. Am. J. Recutgenol. 145,1; 1985; 53-6.

Thirty seven patients with histologic proof of cholangi-ocarcinoma at the confluence were examined by computed tomography (CT) to determine whether this examination is of value in assessment of these patients for surgery and whether there are any features specific to this type of tumors. Thirty two patients showed intrahepatic duct dilatation; six of these showed dilatation of ducts in one only. Eighteeth patients had intrahepatic in the porta hepetic. Two of the lesions in the porta hepatis

and four of the low-attenrection lesion enhanced. A tropy of a lobe was not noted in seven patients. The result of the study show that CT provides useful auatomic information preope ratively but that the appeqrance are non-specific.

77. L292:47257:7

SURGERY, CARCINOMA, GALLBLADDER

RASSEK (D) and STRAUB (D). Results of surgical treatment of gallbladder carcinoma. Cancer. 56, 7; 1985; 440-4.

A retrospective study of 44 patients with carcinoma of the gallbladder is presented. It is noticeable that althou-gh the prognosis for advanced carcinoma of the gallbladder is poor, that of the early stage (stage I-III) is relatively better. In no case diagnosis was made preoperatively. In 86% gallstones were found. There has been no valid staging for tumors of the gallbladder or any generally accepted standardized therapy. Pttention is drawn to the possibility of improving the results of therapy at the early stages by entended radical operation and to the necessity for early operative treatment of gallstone disease.

78. L293:47257

CARCINOMA, PANCREAS

ISEKI (M) and SUZUKI (T). Alpha-fetoprotein-producing pancreatablastoma: A case report. Cancer 57, 9; 1986; 1833-5.

A case of pancreatoblastoma, arising in the tail of the pancreas with metastases to the right radius, in an 8 year old boy is reported. The serum alpha-fetoprotein (AFP) level was over 13 times the normal value before surgery, but returned to normal afte removal of the primary tumor. Furthermore, AFP was detected in tumor tissue by immunohistochemistry. This case, representing the second reported primary non-germ cell pancreatic neoplasm in a child producing elevated serum AFP, supports the use of serum AFP in diagnosing this lesion.

79. L293:47257

CARCINOMA, PANCREAS

PATCHEFSKY (Arthur S) and GORDON (Gloria). Carcinoid Tumor of the Pancrias. Cancer. 33, 5; 1974; 1349-54.

The clinical, pathologic and ultrastructural findings from the case of a 64 year old woman with a malignant endocrine tumor of the pancreas are presented. Clinically. the carcinoid syndrome was absent. however, elevated levels of blood serotonin and urine 5-HIAA were recorded. Serum insulin, gastrin, ACTH, Cortisone, and aldosterone were normal. Histologically, the tumor was consistent with a carcinoid tumor. Argentaffin stains were strongly positive. Ultrastructurally, a supraclavicular lymph node metastasis contained pleomorphic secretory granules morphologically identical to those of enterochromaffin cell; and carcinoid

tumors of the gastrointestind tract. Ultrastructural comparison with a pulmonary carcinoid tumor showed both to have identical pleomorphic secretary granules.

80. L293:47257

CARCINOMA, PANCREAS

CORRIN (B) and GILBY (ED). OAT cell carcinoma of the Pancreas with ectopic acth secfeation. Cancer. 4; 1973; 1523-7.

The clinkcal and biochemical findings in the case of ectopic ACTH secreation are reported in detail with articular reference to the disturbances in potassium and sodium metabolism, Biopsy of an hepatic metastasis during life showed no tumor. Subsequent investigations suggested that the growth was an unusually anaplastic pancreatic is let cell tumor. The histogenesis of oat cell carcinomas is discussed and it is concluded that these tumors are not exclusively pulmonary in origin but all may be regarded as having an endocrine derivation.

81. L293:47257:2

ETIOLOGY, CARCINOMA, PANCREAS

WORMSLEY (KG). Actiology of pancreatic cancer. Ital. J. Gastroenterol. 17, 2; 1985, 102-8.

The epidemiological trends in the incidence of pancreatic cancer are best explained by occurence, and chaning preva-

lence, of envirojmental carcinogens which effect the pancreas. Recent studies of pancreatic carcinogenesis in animals have indicated that very specific carcinogens exist whose actions are predictable and definable. Even though there is no definite evidence connecting animal models of pancreatic cancer with the causative factors of human pancreatic cancer, these studied have not only led to a better understanding of the mechanism which may underlie the development of this disease in man, but have also detected groups of individuals who could be at risk and potentially dangerous environmental circumstances. It now seems that enough information is available to form a basis for attempts to limit the occurrence of this, at present, untreatable disease.

82. L293:47257:3

DIAGNOSIS, CARCINOMA, PANCREAS

FARINI (R) and FABRIS (C). CA 19-9 in the differential diagnosis between pancreatic cancer and chronic pancreatitis. Eur. J. Cancer Clin. ONCOL 21, 4; 1985; 429-32.

CA 19-9 serum concentration was determined by a immunoradiometric technique in 130 subjects to evaluate its role in differentiating pancreatic cancer from chronic pancreatitis. Two threshold values were chosen, 17 and 37 U/ml. With the former, sensitivity, specificity and

diagnostic accuracy were 86.7, 62.3 and 49.0 respectively, with the latter 73.3, 87.0 and 60.3%. The receiveroperating characteristic curves demonstrated a dstisfactory discriminating capacity of CA 19-9 as regards pancreatic cancer and chronic panereatitis; in contrast, the discrimination was poor for other gastrointestinal diseases, mainly of a malignant nature.

83. L293:47257: 32.

PHYSICAL DIAGNOSIS, CARCINOMA, PANCREAS

SMITH (RC) and LIN (BPC). Operative fine needle aspiration Cytology of Pancreatic tumors. J. Surg. 55, 2; 1985, 148-8.

Thirty one patients undergoing loparotomy for tumors in the region of the pancreas had both five needle aspiration cytology (NAC) and histological biopsy specimens taken to assess the aceuracy of the FNAC technique. There were to fals positive results but there were six false negative results following FNAC with only one false negative result of histological biopsy. However, there was sampling bias in favour of histology in each of the five patients with negative FNAC and positive histology; two had metastastatic disease and three had histology repeated because the initial frozen section was negative, two major complications may have resulted from the histological biopsy procedure. It is concluded that five needle aspiration cytology is the ideal method of biopsying pancreatic lesions because of the inherent risk of complications following histological bioppy.

84. L293:47257:33

CHEMICAL DIAGNOSIS, CARCINOMA, PANCREAS

CHIN (J) and MILLER (F). Detection of human pancreatic adenocarcinomas by histochemical staining with monoclonal antibody ARI-28. Diagn. Immunol. 3,2; 1985; 99-105.

ARI-28, an IgGI antibody, stained the membranes of five out of ten human pancreatic tumor cell lives by immunofluorescence techniques. Electron microscopy on RWP-2 cells, stained by indirect immunoperonidase, confirmed a membrane location for the ARI-28 antigen. Twenty-three of the 27 clinical specimens (83%) of formalin-fixed, paraffin-embedded pancreatic cancers tested were positive, Varying intensitees of staining were observed and were related to the degree of differentiation achieved by the tumor; poorly differentiated tumors showing the least staining while well- differentiated tumors showed the greatest intensity of staining in a predominantly apical location. Immunoblotting showed that Arl-28 reacts with a 200,000-dalton antigen present in extracts of RWP- 1 and RWP-2 cells. This monoclinal antibody may be useful in the classification of pancreatic tumor cells.

85. L293:47257:33

CHEMICAL DIAGNOSIS, CARCINOMA, PANCREAS

SAKAHARA (H) and ENDO (K). Serum CA 19-9 concentrations and computed tomography findings in patients with pancreatic carcinoma. Cancer; 57, 7; 1986; 1324-6.

Carbohydrate antigen (CA) 19-9 is a new tumor marker, defined by a monoclonal antibody. Serum CA 19-9 concentrations and compu ed tomography (CT) findings were studied in 55 patient with histologically proven adenocarcinoma, and in 22 patients with chronic pancreatitis. CA 19-9 was useful in 83% of cases for the differential diagnosis between pancreatic carcinoma and chronic pancreatitis, and serum CA 19-9 levels in pancreatic carcinoma were highly related to the size of tumors. Serum 19-9 levels greater than 37U/ml were seen in patients with a tumor of less than 3 cm, 3 to 5 cm, and greater than 5 cm in diameter 13% (1/8),90% (19/21) and 92% (24/26) of cases, respectively. These results indicated that the measurement of serum CA 19-9 concentrations would be useful in most if not all, cases for the differential diagnosis between pancreatic carcinoma and chronic panereatitics, and for the evaluation of tumor burden in patients with pancreatic carcinoma.

86. L293:47257:4

PATHOLOGY, CARCINOMA, PANCREAS

CHEN (J) and BAITHUM (SI). Histogenesis of pancreatic carcinomas: A study based on 248 cases. J. Pathol. 146, 1; 1985, 65-76.

Primary pancreatic carcinomas were studied histologically and histochemically, to assess the frequency of ductal

hyperplosia in tissue adjacent to malignant neoplasms. Hyperplasia in tissue adjacent to malignant neoplasms. Hyperplasia was divided into four types. All types of hyperplasia were frequently seen in areas adjacent to carcinomas, including ductal, plemorphic, mucinous, adenosquanous, small and spindle cell and cystadenocarcinomas. In contrast acinar cell carcinoma and microadenocarcinoma were less frequently associated with ductal hyperplasia. The author's study suggest that both papillary and a typical hyperplasia are precancerous lesions, supporting an hypothesis of ductal origin of pancreatic carcinomas.

87. L293:47257:628

CHEMOTHERAPY, CARCINOMA, PANCREAS

FALK (RE) and MOFFAT (FL). Combination therapy for resectable and unresectable adenocarcinoma of the pancreas. Cancer 57, 3; 1986; 685-8.

The current report summarized author's experience with 77 patients with cancer of pancreas treated over 3.5 years. patients were not assigned to a definite group of therapy, but through the availability of different drugs and different types of treatment several comparable groups have evolved. All patients have received radio frequency hyperthermia and chemotherapy, but in addition some have received selective immune stimulation with one of two

low-molecular-weight compounds. The data show that radio-frequency hyperthermia permits the use of a lower dose of chemotherapy, with an apparent response to treatment. This response is enhanced significantly by the addation of selective immune stimulation. A further, more rigorously defined study will be under taken to confirm this data.

88. L293:47257:628

CHEMOTHERAPY, CARCINOMA, PANCREAS

STERNBERG (CN) and SOROILLO (PP). MIFA III (Mitomycin-C) 5-fluorouracil, and adriamycin) chemotherapy for advanced adevocarcinoma of the pancreas. Am. J. Clin. Oncol. Cancer Clin. Trials 7, 5; 1984, 529-33.

Twenty-nine patients with advanced adenocarcinoma of the pancreas were treated with a combination of mitomycin-C, 5-fluorouracil, and adriamycin (MIFA III). Four of these patients achived a partial response, and two achieved a minor response. An additional seven patients had evidence of disease stabilization. The median survival period from initiation of therapy for responders was 13.5 months as compared to 7.6 months for those with stable disease and 3.2 months for nonresponders (P=0.001). Myclosuppression was the primary toxicity. Prolongation of survival was demonstrated in responding patients who had failed prior chemotherapy. The MIFA III regimen is active, well tolerated, and warrants further investigation in previously untreated patients.

89. L293:47257:628

CHEMOTHERAPY, CARCINOMA, PANCREAS

KALSER (MH) and ELLENDERG (SS). Pancreatic cancer: Ajurant combined radiation and chemotherapy following curative resection. Arch. Surg. 120, 8; 1985; 899-903.

The efficacy of combined radiation and fluoreuracilas adjuvant therapy for pancreatic cancer is suggested by a prospective randomized study. Twenty two patients radomized to no adjuvant treatment and 21 to combined therapy were analyzed. Neither life threatening toxic reaction nor death due to toxic effect was encountered. The study was terminated maturely because of an unacceptably low rate of accrual combined with the observation of increasingly large survival differences betwden the study arms. Median survival for the treatment group (20 months) was significantly longer than observed for the control group (11 months). Four patients, three in the treated and one in the control group, have survive five years or longer following surgery. The extent of the tumor and intial performance status were significantly and independently related to survival.

90. L34:4725

MALIGNANT TUMORS, HEART

FYKE (FE III) and SEWARD (JB). Primary cardictumors: Experience with 30 consecutive patients since the introduction of two-dimensional echocardiography. J. Am. Coll. Cardiol. 5,6; 1985; 1465-73

Experience with 30 consecutive patients who had a total of 32 primary cardiac tumors and who underwent two-dimensional echocardiographic examinations. Most of the tumors were arterial myxomas and 30 were identified on echocaroliography. Twenty five patients, including 21 of 22 with artrial myxoma, underwent surgical resection on the basis of the echocardiographic examination, without preoperative angiocardiography. When the morphologic characteristics of the left atrial myxomas were studied statistically in relation to clinical abnormalities, large tumor size was most closely related to the number and type of associated clinical and laboratory abnormalities. The single exception was embolization, which correlated with echocardiographic tumor consistency.

91. L32:4725

MALIGNANT TUMOURS, HEART

BECKER (RC) and LOEFFLER (JS). Primary tumors of the Heart: A review with emphasis on diagnosis and potential treatment modalities. Semin. Surg. Oncol 1, 4, 1985; 161-70.

Primary cardiac tumors, while uncommon, are not rare neoplasms. They occur in individuals of all ages. A variety of benign and malignant tumors has been described. Presenting signs and symptoms mimic numerous systemic and cardiac disease states. Echocardiography, catheterization and nuclear magnetic resonance techniques are diagnostic tools

available to the physician. Early diagnosis and surgical intervention are curative measures for many benign cardiac tumors. Malignant variants are uniformly unresponsive to treatment.

92. L32:4725

MALIGNANT TUMOURS, HEART

SMITH (C). Tumors of the Heart. Arch. Pathol. Lab. Med. 110, 5; 1986, 371-4.

Two thirds of primary tumors of the heart are benign, and half of the benign tumors are myxomas. Metasbatic tumors of the heart are 20 to 40 times more common than primary tumors. Metastatic tumors originate mainly in melanomas, leukemias/lymphomas, and carcinomas, especially of the lung or breast. The parts of the heart affected in decreasing order of frequency, are the pericardium, mycardium, and endocardium. The clinical diagnosis is suggested by a patient with cancer and a normal heart who develops any kind of heat disease that is progressive and unresponsive to the usual methods of treatment. Irradiation, pericardiocentesis, and injection with chemotherapeutic agents are affective in ameliorating symptoms from lymphomas/leukemias of the heart and in pericardial effusions due to malignant disease.

93. L32:47257

CARCINOMA, HEART

LINDPAINTNER (12) and LINDPAINTER (LS). Acute myocardial necrosis during administration of amsacrine. Cancer 57, 7; 1986; 1284-6.

The authors report a case of focal myocardial necrosis, presenting clinically as an acute myocardial infarction during the administration of the antineoplastic drug, amsacrine, in a patient without coronary artery disease. In addition to the recognized arrhythmic complications, The authors emphasize myocardial necrosis as a possible father manifestation of amsacrine-related cardiotoxicity.

94. L32:47257

CARCINOMA, HEART

NISHIDA (K) and KAMIJIMA (G). Mesathelioma of the atrio-rentricular node. Br. Heart. J. 53, 4: 1985; 468-70.

A patient with Mobitz type 2 heart block caused by a meso-thelioma of the atrioventricular node died of a subarachnoid haemorrhage at the age of 33 two years after implantation of a permanent pacemaker. Mesothelioma of the atrioven-tricular node is rare, and reported cases have all been dliagnosed post mortens. Mesothelioma of the atrioventi-ricular node should be considered in the differential diagnosis of heart block in children or young adults. This is the first case to be reported in Japan.

95. L34:47257:31

CLINICAL DIAGNOSIS, CARCINOMA, HEART

PERRAULT (DJ). Echocardiographic abnormalities following cardiac radiation. Can J. Clin. Concal. 3,4; 1985; 546-51.

Five years or more after receiving cardiac radiation, 41 patients with Hodgkin's disease and seminoma in remission were subjected to echocardiography. The abnormalities detected included pericardial thicknening in 70%, thickening of the aortic and/or mitral valves in 28%, right ventricular elélation on hypokinesis in 39%, and left ventricular dysfunction in 39%. In the 23 patients treated by an upper mantle technique with shielding, the incidence of right ventricular abnormalities and valvular thickening was significantly lower than in patients treated with modified techniques. Although no symptoms were attributable to the observed abnormalities, longer follow-up time may reveal important functional implications.

96. L32:41257:32

PHYSICAL DIAGNOSIS, CARCINOMA, HEART

GO (RT) and O'DONNELL (JK). Comparison of gated cardia MRJ and 20 echocardiography of intracandic neoplasms. Am. J. Roentgenol. 145, 1; 1985; 21-5.

The gross diagnostic factors of intracordiac tumor in four patients imaged by two-dimensional echocardiography (2D echo) and magnetic resonance imaging (MRI) were compared. These cases had left and one had a right atrial

tumor, all histologically identified as myxoma. Crated cardiac MRI depicted the size, shape, and surface characteristics of the tumors more clearly than 2D echo, because MRI provides better spatial and contrast resolution. Depiction of tumor attachment was poof to good with both technique. Both techniques were highly accurate in localizing the tumor and displaying whether. It was fixed or mobile. The global field of view provided by MRI allows better definition of tumor prolapse, secondary valcular obstruction, and cardiae chamber size. This study shows that despite its early stage of development, gated cardiae MRT provid superior image quality and is complementry to 2D echo for characterization and diagnosis of intracardiac tumor.

97. L32:47257:32

PHYSICAL DIAGNOSIS, CARCINOMA, HEART

PIZZARELLO (RA) and GOLDDERG (SM). Tumor of the heart diagnosed by magnetic resonance imaging. J. Am. Coll. Cardiol. 5, 4; 1985; 989-91.

A case of liposarcoma metastatic to the heart is presented. This is a very rare entity and only 3 prior case reports could be found Magnetic resonance imaging was successfully used to visualize the tumor. These images compared favourably with a two-dimensional echocardiographic study and postmortem examination.

98. L34:4725:33

CHEMICAL DIAONOSIS, MALIGNANT TUMOURS, HEART

HASKELL (RJ) and FRENCH (WJ). Cardic tamponade as the initial presentation of malignancy. Chest . 88, 1; 1985; 70-3.

Although neoplastic involvement of the pericardium frequntly is present postmortem, cardiac manifestations before death are uncommon, and cardiac tamponade as the initial presentation of cancer is rare. In this study, a malignancy was first recognized in eight of 23 patients (35%) who presented with cardic tamponade. Seven of these eight patients had lung and one patient thyroid carcinoma. The prognosis of these eight patients was poor with seven of eight patient dead with in a mean of seven weeks. Overall pericardial fluid cytology demonstrated a specific diagnosis of malignancy in 14 of 19 patients (74%) Easlier recognition of the possibility of malignancy may allow initiation of appropriate local or systemic treatment to lessen the probability of cardiac tamponade and improve survival. Authors recommend that all patients who present with tamponade have cytology performed in the pencardial fluid, even if malignancy is not sufpected initially.

99. L32:47257:325

MICROSCOPE DIAGNOSIS, CARCOMA, HEART

HIURA (M) and NOGAWA (T). Vaginal hemangiopericytoma: A light microscopic and Ultrastructural study. Genecol. Oncol. 21, 3; 1985; 376-84.

A case of vaginal hemangiopericytoma in 20-year old woman was studied by light and electron microscopy. The neoplastic cells had round-to-oral nuclei with one or two nucleoli, five chromatin; a foamy, cyanophilic cytoplashs; and an increased cytoplasmic ratio. Light microcopically, the tumor was composed to spindle- shaped or round cells proliferating around vascular spaces. Mitotic figures, necrosis, and hemorrhage were difficult to find. Electron microscopically, the neoplastic cells occurred in clusters, each of which was enclosed by a basal lamina. The cytoplasm contained abundant free ribosomes, flattened ~~xx~~ elements of rough endoplasmic reticulum, small Golgi apparatus, round or elongated mitochondria, lysosomes, glycogen particles, and sometimes pinocytotic vesicles and bundles of microfilaments with large dense spots. Desmosomes were a'so seen. In addition the cytoplasmic process of the benign vascular perieytes was directly in contact withe neoplastic cells which had varying degrees of cytodifferenctiation. The neoplastic cells in this lesion are consistent with an origin from pencytes, conforming the findings of this neoplasm when it arose in other sites.

10Ø. L32:4725: 4

PATHOLOGY, MALIGNANT TUMORS, HEART

ONDRIAS (F) and SLUGEN (I). Malignant tumors and embolizing paraneoplastic endocarditis. Neoplasma 32, 1, 1985; 135-40.

A group of 4495 autopsied patients was evaluated. In 1011 (22.5%) of them various malignancies were found. In 20 of these cancer patients (2%) also a nonbacterial versucous endocarditis was observed. The most serious complication of this paraneoplastic syndrome was contral arterial embolization resulting in cerebral and mycardial infarctions. This was observed in 12 patients in a group, in 9 cases of them infarction was immediate cause of death. Fetal complications due to central embolization were seen also in 3 patients who had a malignant disease without symptoms of generalization. The most frequent tumors observed among the autopside patients were adenocarcinomas of the digestive tract (40%). In the group of revealed tumors adenocarcinomas clearly prevailed (70%). in 10 cases (50%) also mucin production could be detected.

101. L32:47257:6252

ULTRA-VIOLETTHERAPY, CARCINOMA, HEART

LESTULLIC(C) and NICOLOSI (GL). Neoplastic infiltration of the myocardium: In diagnosis and follow-up by two-dimensional echocardiography. Cardiovaso. Ultrasonography. 4, 1; 1985, 55-9.

A patient effected by lymphoma had ECG signs of ischemia. Two dimensional (2-0) echocardiography allowed the authors to diagnose myocardial neoplastic infiltration, while computed tomography suggested pericarditis. On the basis of

2-D echocardiography data, they performed radiotherapy, obtaining complete disapperance of the mass. Both the presence and the disappearance of the mass were detected by 2-D echocardiography and confirmed by direct inspection.

102. L32:47257:628

CHEMOTHERAPY, CARCINOMA, HEART

BENJAMIN (RS) and CHAWLA (SP). Evaluation of mitoxantrone cardiac toxicity by nuclear angiography and endomyocardial biopsy. An update. Invest. New Drugs. 3,2; 1985; 117-21.

Sixty-six patients who underwent endomyocardialbiospy for detection of mitoxantrone cordiac toxicity were evaluated. Endonufacardial biopsy was carried out initially after four courses of chemotherapy with increasing intervals thereafter. Endomyocardial biopsy changes consisting of dilatation of the sarcoplasmic reticulam with va formation, and myofibrillar dropont are similar to the early changes of anthracycline cardiomyopathy. While there was a slight suggestion of increasing biopsy grade with increasing mitoxandtrone dose, no significant changes in cardiac ejection fraction could be associated, regardless of prior doxorubicin therapy. Authors concluded that mitoxantrone does show morphologic evidence of cardiac toxicity; however, the structural changes are minor and are haemodymacally insighificant. Determination of how much mitoxantrone treatment may contribute to the deterioration of pre-existing doxorubicin damage must await the out come of longer follow-up.

103. L34:47243:7

SURGERY, CHONDROMA, HEART

GRAY (IR) and WILLIAMS (WG). Recurring Cardiac Myxoma Br. Heart. J. 53, 6; 1985; 645-9.

Of a series of 14 patients surviving operation for alrial myxoma, two devel.ped signs of recurrence of the tumour. In both cases the patients underwent two further separate operations for recurrent lesions. The time before the second recurrence was nearly 11 years and four and a half years. In neither case did histological examination show malignant change. These two cases of recurrent atrialmyxoma, together with four other reproted cases, indicated that s econd recurrence may occur in about 25% of patients with a first recurence Multiple foci of tumour growth is probably the explanation for recurrence in most cases.

104. L35:472571

LYMPHOSARCOMA, BLOOD

MEHTA (MM) and CONTRACTOR (NM). Lymphocyte surface mabers profile in acute lymphoblastic leukaemia. Indian Journal of Medical Research. 86, Sept. 1987; 329-34.

Using immunoperoxidase (PAP) method and monoclonal antibodies 101 acute lymphoblastic leukacmia (ALL) patients were classified into different categories. These included CALL, B. All pre T-All, T-All and Null-All.

On the basis of the surface marker profile 51.92 percent children were identified as CALL, 15.38 percent as pre-T-ALL, 28.85 percent as T-ALL and 3.85 percent as Null-ALL, while in adult, 40.82 percent were identified as CALL, 16.32 percent as pre-T-ALL, 26.53 percent as T-ALL and 14.29 percent as Null-ALL and 2.04 percent as B-ALL.

105. L90,35:472571

LYMPHOSARCOMA, BLOOD, ADOLESCENT

MALPAS (JS) and BODLEYSCOTT (R). Rubidomycin is Acute Leakaemia in Adults. British Medical Journal. 3 July; 1968; 23-7.

Rubidomycin is the first antibiotic to have some therapeutic effect on acute lcukamia in man. The authors of this paper record their treatment of 22 adult with acute leabaemia with this antibiotic. Rubidomycin hydrochloride was supplied as a microcrystalline powder readily soluble in water. A total volume of 15-20 ml was injected into the lubing of a fast-running intravenous saline infusion. Four of the 22 patients had complete remission of their leukaemia and 2 had partial remission. Several other patients became aplastic and thereafter received various forms of maintenance therapy with survival. Discussing their findings, the authors note that cordiotoxicity appears to be dose-dependent and they advise against

using rubidomycin for maintenance therapy they conclude that rubidomycin can induce remission in patients with acute leukaemia.

106. L35:472571:411

CELL PATHOLOGY, LYMPHOSARCOMA, BLOOD

MIYAUCHI (Jun) and KELLEHER (Colm A). Effect of three Recombinant growth factors, IL-3 GM-CSF, and G-CSF, on the blast cells of acute mycloblastic Leuhemia, maintained in short-term suspension culture. Blood, 70, 3 (Sept); 1987; 657-63.

The blast stem cells of acute myelablastic leakemia (AML) respond in cell culture to growth factors by both ely renewal and terminal divisions. Both of these functions have been shown to be stimulated by the recombinant growth factors granulocyto-macrophage colony-stimulating factor (GM-CSF) and granulocyto colony-stimulating facto homologous to human IL-3, was tested on blast-cells and compared with the effects of GM-CSF, G-CSF, and medium conditioned by the bladder cell like 5637. It was found that IL-3 was an effective stimulator of blast renewal and terminal divisions. A graphic method of presenting complex comparisons between growth factors is also included.

107. L35:472571:625

RADIOTHERAPY, LYMPHOSARCOMA, BLOOD

SOUHAMI (RS) and EMERY (EW). Extracorporeal Irradiation in the treatment of Acute leukaemia. Iancet. 2, July; 1969, 13-17, 13-7.

Extracorporeal irradiation of the blood (ECI) has been used in the treatment of 5 patients with acute leukaemia. Treatment was with a high desage administered over a short period of time. The main effect of ECI was to product a short-lived reduction in the numbers of circulating blast cells. Temperary clinical improvement was seen in one patient. Chemotherapy after ECI did not seem to be more effective than when given beforehand.

108. L35: 47271:625

RADIOTHERAPY, LYMPHOSARCOMA, BLOOD

ZIMMERMAN (TS) and GODWIN (HA). Studies of leukocyto kinetics in chronic tymphocytic leukemia. Blood. 32, March, 1968; 277-91.

The results of the studies of leukocyto kinetics in-chronic lymplocytic leukemia were reported from the National cancer Institute, Bethesola, Maryland, have been interpreted in the light of this recent knowledge. Tritiated thymidine, which is incorporated into the DNA of dividing cells, was given as a single dose of

76 uCi/kg body weight to 11 patients with chronic lymphatic leukaemia and 1 patient suffering from malignant disease who was haematologically normal. The amount of radioactivity appearing in circulating leucocytes was assessed at intervals thereafter by means of autoradiography and by liquid seintillation counter measurements on separated cells.

109. L9C, 35:472571:628

CHEMOTHERAPY, LYMPHOSARCOMA, BLOOD, CHILD

HARRIS (Richard E) and McCALLISTER (John). Methotrexate/L Asparaginaoe combination chemotherapy for patients with Acute leukemia in Relapse: A study of 36 children. Cancer 46, 9-10; 1980; 2004-8.

Cyclic administration of methotrexate (MTX) and L-Asparaginose (L-ASP) was used as maintenance chemotherapy with other medications in treating 36 children with multiple relapses of acute leukemia A complete remission to (CR) of 67% was obtained in children with null-cell acute lymph-ocytic leukemia (ALL). One of three patients with T-Cell ALL and one of two patients with B-cell ALL achived CR. In six cases of acute nonlymphocytic leukemia (ANLL), two patients achieved CR. Toxicity secondary to the chemotherapy included bone merrow supression, hepatic injury, nausea, diarrhea, stomatitis, and allergic

reactions to L-ASP. one case of subacute necrolizing leukoencephalopathy was seen.

110. L35:472571:7

SURGERY, LYMPHOSARCOMA, BLOOD

COWAN (John D) and RUBIN (Ronald N). Bone Marrow Necrosis Cancer. 46, 9-10; 1980; 2171-80.

Extensive bone merrow necrosis is an unusual histologic finding most comonly identified after autopsy in patient with leukemia. It is described that a patient with poorly differentiated lymphocytic lymphoma who manifested pancytopenia and marrow necrosis. Bone merrow scanning with T-sulfur-minicolloid provided a nonivasive means to assess the extent of marrow damage. During the treatment. Patients condition improved clinically following cytotoxic chemotherapy demonstrating that marrow necrosis may be associated with a treatable disease.

111. L42:47252

CHONDROSARCOMA, LARYNX

FERCITO (A) and NICOLAI (P). Angiosarcoma of the larynic. A Case report. Ann. Otol. Rhinol. Largngol. 94, 11; 1985, 93-5.

Angioscarcoma of the larynn is an uncommon malignant tumor of mesechymal origin. A case of angiosarcoma of the epiglottis was followed for about 6 years. Diagnostic and clinicopathologic findings outline the importance of

a correct differential diagnosis from other vascular malignant tumors (malignant hemongiopencytoma and Kaposia Aercoma). A critical review of the literature is included.

112. L42:47252

CHONDROSARCOMA, LARYNGX

COAKLEY (JF). Primary oact cells carcinoma of the largnx. 99, 3; 1985; 301-3.

A case of oat cell carcinoma of the epiglottis eleven years after radiotherapy to the larynx for squamous cell carcinoma of the vocal cords is presented. There is a 13.5 percent incidence of a second neoplasm in these cases. This is a very aggressive tumor and a combination of surgery, radiotherapy and multidrug chemotherapy appears to offer the best pope of cure. The two-year survival rate is only 8.5 per cent.

113. L42:472562

LIPOSARCOMA, LARYNGX

ALLSBROOK (WC. Jr) and HARMON (JD). Liposarcoma of the Larynx. Arch. Pathol. Lab. Med. 109, 3; 1985, 294-6.

In the author's knowledge only 7 cases of largnglea lipogarcoma have been reported in the English language literature they add an 8th case and review the other 7 cases. Their

presented with a peduncula'ed mass arising from the left argepiglottic fold and obstructing both the larguse and pharyux. The lesion has recurred locally 3 times in a period of 4 years. We discuss pathologic findings and management of this patient.

114. L42:47257

CARCINOMA, LARYNX

FERLITO(A) and RECHER (h). Primary combined small cell carcinoma of the larynx. Am. J. Otolaryngol. Head Neck Med. Surg. 6, 4; 1985; 302-8.

The clinical and pathologic findings of six cases of combined small cell carcinoma of the larynx are described. This tumor is a subtype of small cell carcinoma in which there is a definite component of oat cell carcinoma for intermediate all type carcinoma) togeth r with squamous cell carcinoma of aderocarcinoma or both. The neoplasm seems to desive from a common cell witn subsequent divergent differentiation into the kulchisky cells, squamous cells, and/or glandular cells. After histologic diagnosis, adequate evaluation for tumor staging is mandatory. Like pulmonary combined small cell carcinoma, this neoplasm may be best treated with systemic chemotherapy and radiotherapy. The prognosis is similar to that of other subtype of small cell carcinoma of the larynx.

115. L9C, 42: 47257

CARCINOMA, LARRYNX, CHILD

HAR-EL (h) and SHUIRO (J). Laryngeal granular cell tumor in children. Am. J. otolyryngol. 6, 1; 1985; 32-4.

Laryngeal granular cell tumor in childhood is rare. This article describes its occurrence in a 14-year-old girl. A review of the literature revealed five other cases clinical, endoscopic, histopathologic, and therapeutic considerations are discussed and compared with these in the adult form of granular cell tumor. Although this lesion is rare, awareness of it is necessary to avoid overtreatment.

116. L42:47252:325

MICROSCOPE DIAGNOSIS, CHONDROSARCOMA, LARYNX

BROWN (DH) and TURNBULL (DI). Laryngeal chondrosarcoma: Gross pathological histologic and electron microscopic characteristics. Can. J. Surg. 28, 6; 1985; 534-6.

Chondrosarcoma is an uncommon cartilaginous tumor of the upper respiratory tract, and its morphology and clinical course vary widely. Few repo ts have evaluated the clinicopathological findings of this tumor in the laryuxe This paper repcrts on a low-grade chondrosarcoma in a 44 year old women who required laryngectomy for cure. The gross pathological, histological and electron microscopic features of the tumour are analysed with respect to its clinical course, using histopathological criteria.

117. L42:47252:3253

X-RAY DIAGNOSIS, CHONDROSARCOMA, LARYNX

GOINEY (RC) and MARTYN (JB). CT diagnosis of laryngeal Carcinoid Chondrosarcoma. J. Can. Assoc. Radiol. 35, 4; 1984; 404-5.

Computerized tomography is the imaging method of choice for evaluation of neoplastic involvement of the larynx. There are unusual primary neoplasms of the larynx. which include chrondroma and chondrosarcoma. These lesions may cuase vocal card paralysis and respiratory symptoms secondary to compression of the recurrent laryngeal nerve. The authors present a single patient with computerized tomographic imaging of laryngeal chandrosarcoma resulting in unilateral vocal cord paralysis and hoarsenesis.

118. L42:47257:7

SURGERY, CARCINOMA, LARYNX

GREGOR (R Theo) and HAMMOND (Kate). Framework invasion by laryngeal carcinoma. Am. J. Surg. 159, 4; 1987; 452-8.

In this study, framework invasion was associated with osteoblastic activity, which appeared to be at least partially mediated by tumor-produced albaline phosphatase. Osteoclastic activity occurred hand in hand with the former process and at this stage, tumor remained outside the perichondrium. Tetracycline labeling confirmed active

bone deposition in these areas and appeared to explain the finding of increased ossification seen on computerized tomography scans.

119. L42:47252:7

SURGERY, CHONDROSARCOMA, LARYNX

MORGAN (At) and NORRIS (JW) Palliative laser surgery for melanoma metastatic to the larynx; Report of two cases. Laryngoscope. 95, 71; 1985; 794-7.

Melanaoma metaslatic to the largest is an extremely rase entity. This paper describes two patients previously treated for autaneous melanoma who developed recurrent melonoma involving their larynges. Lurgical excision of these lessions was accomplished with the carbon diexide laser. Apparently these two patients are the first reported cases of successful management of melanoma metastatic to the laryinx using laser surgery.

The paper also dissussas the evolising histor y and diagnosis and of laryixgeal melanoma, the use of the carbon dio oxide laser in the treatment of other laryingeal and tracheo bronchial lesions, the incidence of cutenaeous and mucosal melanoma of the head and neck, and the diagnostic evaluation and management of melanoma.

120. L9E,42 :47257:71

CONSERVATIONS SURGERY,CARCINOMA,LARYNX.

ALAJMO(E) and FINI-STORCHI(O). Conservation surgery for cancer of the larynx in the elderly . Italaryngoscope. 95, 2, 1985, 203-5.

The postaperative cousse was evaluated for 458 consecutive

Patients, all over the age of 56 years , who had undergone laryngeal convervetion surgery in the last 10 years. It was confirmed-that cordedtomy and fortolatised laryngeetomy are feasible even in elderly patients. Bronchopheumonia is the most frequent and serious complications after supraglottic laryngealomy. Therefore this operations should be performed in the elderly patient only after a through evaluation of cardic and respirationy function Hemilaryngophasyngectomy and subtotal reconstructive laryngectomy with aricolryoidpexis are not advisable in elderly patients.

121. L45: 48257.

CARCINOMA,LUNG.

ALLAN(S H) and BUNDRED (N). Acute pancreatitis in association with small cell lung carinoma. Postgrad. Med. J. 61, of 17,1985 643-4.

Tumour metastases of the pancreas are arese but recognised causes of acute pancrealitis, there is a 24-40% incidence of pancreatic involvement trom small cell lung cancer in antopsy series but only a very few cases of tumour induced, acate, pancreatitis have bee n described. Chemotherapcy has been advocalted as the primary therapy in patients with known oat cell carcinoma who develop acute pancreatitis. Author describes, 2 patients with actue, haemorhagic pancreatitis in association with disseminated small cell carcinema but without evidence of tumour invotion in the gland and with gall stones present in the gall bladder. Chemotherapy would have been inappropriate therapy for these patients.

122. L45: 47257

CARCINOMA,LUNG

MORGAW(A D) and MACKENZIE(D H) clear cell Carcinoma of the lung jourhal Pathology and Bacteriology. 87;1963;25-7

The simplest classification of bronchial, Carcinoma is that which recognises 4 types- Squamous, Oat Cell, advance Carcinoma, and a group variously termeel anaplasmic, Polyganal cell,or undifferentiated in a revised of 380 lung cancer of rejected, at 62 there were 10 which were difficult to assign to any of these categories, the tumour consisting in whole or in part of sheety of clear cells at first suggestive of a metastic from of rend carcinoma. These are discribed together with 3 similer cases diagnosed from biopsy speciment All 13 tumour were in males ranging in age from 41 to 67 year Retrospective histochemical studies indicalied that the clear called appearance of the tumour was due to mucin.

123. L45: 47257

CARCINOMA,LUNG

EDWARDS (C) and CARLILE(A) Clear cell carcinoma of the lung J Clin Pathol. 38,8;1985;880-5.

Six tumour of the lung initially classified as clear cell carcinoma were studied Examination of further material by light and electron microscopy showed advance carcinoma tous differentiation in three cases and squamous differentiation in two. One case showed the features of a large cell

Anaplastic carcinoma. The clear appearance of the cytoplasur in paraffin sections was due to accumulation of glycogen that were partially removed dunny processing. It is conclued that clear cell carcinoma is that a single and separate entity.

124. L45;47257

CARCINOMA,LUNG

BOUCOT (K.R) and COOPER (D A) Natural history of lung cancer American review of dispiratory diseases 89,April,1964, 1519-27

By December, 1962,133 histological proved cases of carcinoma of the lung had been identified of these, 67, all in smokers, were "new" cases in that the disease was diagnosed radiologically after the study was begin. The incidence and nature of sympatous and of X. ray obnormatities before cancer was detected were compared with those in a sample of nonsmopens and of smokers with out cancer, matched for age race, date of entry into the study and in the case of smokers, for type, degree and duration of smoking. Symptous preceded radiological change in 46 of the OM patients with lung cancer dyspnoes and chromic cough being the most common suggesting that these should be careful clinical and radiological examination of olderman with respiratory symptoms, even if a single chest radiography appeared normal.

125. L45;4725 7:3

DIAGNOSIS , CARCINA, LUNG

BRETT (G Z) , Earlier diagnosis and survival in lung cancer . British medical journal. 4, Nov. 1969. 27-31.

In a controlled investigation, the survival prospects of lun cander in the population of new aged 40 and over. The 5 year survival rate in the lung cancer in the study series was 15% and in cases discovered by 6 monthly examination 23% compared with 6% in the control series. The overage expectation of life after diagnosis. was 25 years for the last cases and 1.2 for the control cases. Survival declined with age of reslected lung cancer 32% survival 5 years in the last series and 23% in the control series on the basis of these result it is concluded that through earlier radiological detection a modest improvement in the prognosis of lung cancer can be acheived.

126. L45: 4725 7 : 325

MICROSCOPE DIAGNOSIS,CARCINOMA,LUNG

BATRA (POONAM) and BROWN(Rathleen) . Diagnostic imaging techniques in lung carcinoma. Am. J. Sarg. 153,6, 1987,51 -22.

Periodic screeming of high_risk persons with sputum cytologic studies and chest radiography can detect nearly lung cancer The intrathoralic extent of lung cancer can be determined by chest radiography followdd by computerized tomography to evaluate the tula, mediaslynum, pleara, and chest wall the author report that a radiologic worked for assessing distant metastases should be performed only when clinical or biochemical findings suggest metastases . They belive that for sensitive than routive radiography.

127. L45 : 4725 : 3253.

X.RAY DIAGNOSIS, CARCINOMA, LUNG

HATTORI (S) and MATSUDA (M) Cytologic diagnosis of early lung cancer. Bushing method under X-ray television fluoroseopy. Diseases of the chest. 45, Feb. 1964;129-42.

The method for the differential diagnosis of small "coin lesians" in the lung is described in this paper. To obtain secretians direct from a peripherol lesion a thetras cathetor is inserted into the trachea by the method used for bronchography and is than guidance to the segmental bronchees draining the lesinon the under television fluoroscopy. A very small hylon brush on the and of a long spiral wire is then inserted beyond the and of the cathetor. After removed of the brush selective bronchogrophy may be carried out through the catheter.

The method was used in 29 patients with coin lesions. Cytological examination of the smears, revcated, malignant, cells in 13 of the 14 patients who were later found to have lung cancer.

128. L45; 4725 7 : 3253

X-RAY DIAGNOSIS, CARCINOMA,LUNG

POSNER (E) and McDOWELL (L A) Place of mass Radiography in relation to lung cancer in men. British medical journal 2, Nov. 2; 1963: 1156-60.

In an attempt to asses the value of mass radiography in the detection of cancer of the lung the authors have feisewed 1, 523 such cases dio eovered by mass X-ray units of the Birminoyham regional hospital Board. These were divided into 2 groups accordingto whether the diagnosis was made. In the routine sur-

routine surveyw . The authors consider that orthodox routine mass radiography can not to any significant extent improve the finding of cases with a favourable prognosis.

129. L45:47257:411

CELL PATHOLOGY , CARCINOMA,LUNG

MELAMED (M R) and Ross (L G). Roentgenologically occult lung cancer diagnosed by cytology. Report of 12 cases. Cancer 16, Dex. 1963; 15301-51.

In the authors new it is not generally appreciated that cytoddo-gical examination of sputum will sometimes identify lung carcinoma in the absence of any detectable radiological change and accasionally, when carcinoma is not suspected clinically the authors, sraw attention to the difficulty of findings the early and radiologically invisible growth. Thby makes following suggestions for the management of such cases.

Cytological diagnosis most be anequivocal and confirmed at examinations of at least two different specimens. Case must be taken to rate out carcinama of the hasopharynx, month, larynx and eeasphages, cycle a potential somra of exfoliated cancer alls in the sputum.

130. L45:47257 : 44

SPUTUM PATHOLOGY , CARCINOMA,LUNG

HINSON(K F W) and HUPER (S W A). Diagnosis of lung cancer by examination of sputum. Thorax, 18 Dex. 1963:350-3.

In the an attempt to assess the value of routine cytological

examination of sputum in the diagnosis of cancer of the lung. The authors examination 1,671 samples of sputum from 541 patients. Among them werw 229 patients with a confirmed diagnosis of carcinoma of the bronches, 10 with some other palmonory malignant disease and 302 with diseases other than cancer. Two seperate wet preparation work examination by 2 pathologists i-independeily. One or both observes found cancer cells in the first sample examined in 301% of cases of carcinoma of the bronchy. of the 302 patients considered not to have cancer, Cancer eells were found in the sputum of 12 of whose 3 were later show to have cancinoma of the lung . It is concluded the examination of the sputum for cancer cells can be most h-helpful in cases of strong presumption of lung cancer but in which bronchoscopy has been unsuccessful or is deemed undesirable."

131. L45: 47257 : 625

RADIOTHERAPY,CARCINOMA,LUNG

RISSANEW (P M) and TIKKA (U). Autopsy findings in lung cancer treated with megavoltage Radiotherapy. Acta radiologica. Therapy, Physics, Biology. 7,Dec. 1968, 433-442.

The authors have studied necropsy material from patients treated by Megavoltage therapy for primary lung cancer. The purpose of the study was to establish whether conventional dosages are capable of destroging lung cancer. The findings in 67 histo-logically varified cases of inoperable lung cancer treated by megavoltage therapy and examined at necropsy 2-49 months later and reported,46 of the patients were treated by 33 MV Photons

and 21 by a 3,000 ~i 60co wxix unit. tumour doses was usually 4,50005,500 radi in 5-8 weeks, 38 patients had aplit course and 29 continous therapy. The results are discussed in detail.

The authors feel that sing 30 % of the patients had their carcinama sterilized by radiotherapy, the greatest problem in the treatment of carcinoma of the lung is its readiness to frm from metastases.

132. L45:47257 : 628

CHEMOTHERAPY,CARCINOMA,LUNG

LASTERbKM (J) and SCULIER (J P) ~ombination chemotherapy with adnamycin, etoposide and cyclophosphamide for small cell cercinoma of the lung. Cancer 56,1,1985;71-75.

The current study reports the results of Adriamycin edoxorubcin, etoposide, and cyclophosphamide (AVE) in small cell bronchogenic carcinoma. The over all rate of response was 82% in patients with limited disease and 66% in patients with extensive disease, complete remissions have been aclinered in 20% of the patinest with limited disease and in 7% of these with extensive disease . The median durationf of survival was 14 months in patients with limited disease and 8.3 months in thoee with extensives disease. The results and the analysis of lit. suggest that survival rather than response should be used to compare studies of chemotherapy in small all bronchogenic carcinoma.

133. L51:47257

CARCINOMA , KIDNEY

CAMERON EMMOTT (R) and RICHARD HAYNE (L). Prognosis of penal cells carcinoma with vanacava and renal wein involvement. J.Surg. 154, 1987;49-53.

In tumour surgery vascular invasion usually protends a grave prognosis, however, in patients with renal cell carcinoma, aggressive however management tan achive survival rates approaching those of cantained hyperhephroma. In the autho's openion orteriography and subsequent radiography of the venacovain theose subpected of having tumour thrambas in the rena l or venacava, or both , they think thet arteriographic studies are more sensitive and relible for assessment of vascular thua sion than computerized tomography. The authors conclude that proper preoperative evaluation to diagnose vascular invasion with allow a carefully planned combined urologic and vascular urogical tumour, while avoiding tumour thromboembole during resection.

134. L51:47257

CARCINOMA , KIDNEY

MALONE (M J) and JOHIWSON (F R) . Renal angiomcy olipona 6 case reports and literature review. J. Urol 135,2, 1986; 349-53.

The authors report 6 cases of renal angiomyslipomas and review the preliment literature concerning this disease. One case involved the pare association of tuberous sclerosis and pre-

pregnancy. Author patient without tuberous sclerosis had renal cell carcinama and later suffered a contraiteral angiomyolipoma. The pathological conditions of renal angiomifatiomyolipomas with and without tuberous schlerosis are discussed. Since anejiomyolepomas present with mouthple clinical similanvitives to reval cell carcinoma, the primary task for the clinical is to differentiate this hamertoma from cercinoma The distinguishing charaelenisites and the clinical management. of renal angiomejoliapomas are discussed.

135. L51: 47257

CARCINOMA, KIDNEY

SMITH (JG) and SLOOTWEG (PJ). Renal cell carcinoma with melastasis to the submandibular and parotid glands: A case report. J. Monillofae. Surg. 12,5. 1984, 235-6.

Differential diagnosis between acinic cell carcinoma and renal cell carcinoma is and oft. quated problem. [A] case is presented of a 60 years old woman with metastatia tesions from a renal cell carcinoma of the parotid as well as the submandibular gland. Appropriate diagnosis was delayed due to teach of clinical information.

136. L9C,51:47257

CARCINOMA, KIDNEY, CHILD

NAKAMURA (Y) and NAKASHIMA(N). Bilateral cystic hyptro blastemass and multiple melformation with trisomch 8mosaicism. HUM Pathol. 16, H. 1985; 754-6.

136 L9C, 51: 47257

CARCINOMA, KIDNEY , CHILD.

NAKAMURA (Y) and NAKASHIMA (N) . Bilateral cystic heptro blastemas and multiple malformation with trisomcy 8 mosaicism. HUM Pathol 16, H, 1985; 754-6.

The case of 16 month old female infant with bilateral cystic hephtrobiotomas, Oandy - walker syndronem microceph aly, bilateral cataracts and carebellar hetrotopia is reported . The patients older siste , who had bilateral cystic heptroblastomas, batryoid sarcoma involving the vaging and curinary bladder, microcophely archineneephaly, and bilateral cataracts , was described in a previous report. Chromosal study in the present case confirmed trisomy 8 mosaicism. T he familiat occlitrence and the chromosal desorder suggest a syndrome invalving genetic obnormalities.

137 L 51 & 689 : 47257

Carcinoma, Adrinal gland, Widney

ROBEY (EL) and SCHELLHAMMER (PF) adrenal gland and renal cell carcinoma : Is ipsilateral adrenal ectomy a necessary component of radical heplirectomy ? J. Urol. 135, 3; 1986; 453-5.

Authors reviewed retrospectively 44 patients with stage A and B patients with stage B renal cell carcinoma, 25 of whom had undergone ipsilateral adrenalectomy. The 5 year and 9 year survival of these 25 patient was 79 and 65 % respectively, and was not statistically different from the 78 % 5-year and 9 year survival of those 27 patients who did not undergo ipsilateral adrenalectomy these findings suggest that the ipsilateral adrenal gland head not be removed routinely as part of penfascial neplirectomy for renal cell carcinoma. Those patients who are found to have a contralateral adrenal lesion during preoperative evaluation should be spared bilateral adrenalectomy if there is no ipsilateral adrenal gland involvement at exploration.

138 L 51 : 47257 : 3

Diagnosis, Carcinoma, Kidney

TALITA (MT) and KIVISAARI (LM). Diagnostic difficulties in oneocyte-containing renal carcinoma. Scand. J. Urol.

Nephrol. 20, 1; 1986; 77-80.

Two cases of renal tumor presenting diagnostic difficulties are reported. In one case, fine-needle aspiration biopsy from a large heoplasm yielded only oncocytes but histologic examination showed also is lets of renal cell carcinoma. The tumor caused pain and computed tomography demonstrated in homogeneity of its inner composition. In the second case there was a sillent, small neoplasm, and both cytologic and histologic specimens showed a masaic pattern of renal cell carcinoma and oncocytes. The diagnostic difficulties are discussed on the basis of these two cases and reports in the literature.

139 L 51 : 47257 : 31

Clinical Diagnosis, Carcinoma, Kidney

WAGLE (DG) and MOORE (RH). Primary Carcinoma of the renal Pelvis Cancer, 33, 61; 1974; 1942-8.

Primary carcinoma of the renal pelvis is believed to represent nearly 8 % of all malignant renal tumors. The clinical problems of this tumor have been a continuing challange to early diagnosis and successful therapy. The present experience of 78 cases using the classification of Grabst old showed there is a significantlydirect relationship between the tumor stage

and the tumor grade of these cases, 39.7 % manifested bladder malignancy, 38.6 % had ureteral tumors. The long term results using post operative radiation as well as various chemotherapeutic agents or both are presently not encouraging only 10.3 % of cases had known oceapational exposure to various known carcinogens.

140 L 51 : 47257 : 31

Clinical Diagnosis, Carcinoma, Kidney

WATERS (DJ) and HOLT (SA). Unilateral simultaneous renal augiomyolipoma and oncocytoma J. Urol. 135, 3; 1986, 568-70.

A 70 year-old women with simultaneous anilateral renal angiomyolipoma and, end on cocytoma presented to the hospital with syncope and abdominal pain. Diagnostic studies indicated a left renal neoplasm consistent with renal cell carcinoma and a radial niphrectomy was performed. Histological examination of the resected specimen demonstratted the presence of the 2 unusual renal neoplasma.

141 L 51 : 47257 : 325

Microscope Diagnosis, Carcinoma, Kidney

WAHL (RW). Fine needle aspiration study of metaslatic mixed adenosquamous carcinoma of the renal pelvis. A case report Acta. Cytol. 29, 4; 1985; 580-3.

The findings in a fine needle aspirate of a psoas area metastasis from a mixed adenosquamous carcinoma of the renal pelvis are presented. The primary renal tumor is apparently the fourth such case reported in the literature; the pathogenesis of such tumor is briefly reviewed. The value of fine needle aspiration in excluding a clinically suspected abscess and in allowing a diagnosis of malignancy is emphasized.

142 L 51 : 47257 : 403

Clinical Pathology, Carcinoma, Kidney

BAZEED (MA) and BECHT (E). Effect of lectius on ^{3}H - Thymidine up take by cultured renal cell carcinoma and normal renal cells. Eur. Urol. 12, 2; 1986; 117-22.

The effect of lectins on cultured renal cell carcinoma and normal renal cells was studied. Ricin II showed effective inhibition of ^{3}H - Uridine and ^{3}H - thymidine up-take by renal cell carcinoma and normal renal cells in all cases. Normal renal cells were more resistant to the inhibitory effect of ricin II as compared to

renal cell carcinoma. Concanavalin agglutimin and wheat germ agglutinin led to stimulation of ^{3}H - Uridine and ^{3}H - Thymidine up-take by renal cell carcinoma and normal renal cells at low concentrations (0.2 ug/ml), and to suppression at high concentration (2 and 20 ug/ml).

143 L 51 : 47257 : 628

Chemotherapy, Carcinoma, Kidney

LANGE (PH) and VESSELLA (RL). Monodonal antibodies in human renal cell carcinoma and their use in radioimmane localization and therapy of tumor Xenografts Surgery, 98, 2; 1985; 145-50.

A series of monoclonal antibodies (Mabs) to human renal cell carcinoma (RCC) material was developed. Two mabs (D5D and ACH) that showed espiecially restrictive reactivities were radiolabeled with iodine 131 and tested in hude mice bearing human tumor xenografts for their ability to specifically localize RCC. Extensive studies of tissue radioactive up-take indicated that these mabs could specifically localize RCC tumors with some mice achieving high tumor blood ratios ranging from 15 to 60. Finally, preliminary results indicate that larger in traveno us doses of radiotabeled RCC mabs were effective as radioimmune therapy in inhibiting RCC Xenograft growth. Mabs can be produced that

are highly restrictive to human RCC and may be useful clinically for radioimmunoscintigraphy of therapy.

144 L 51 : 47257 : 7

Surgery, Carcinoma, Kidney

PUGLIONISI (Aureliano) and PICCIOCHI (Aurelio). Surgical Approach to Renal cell Carcinoma Extending into the Right Atrium through the Inferior Uena Cava. International Surgery 70, 2; 1985; 159-64

Successful management of a patient with an intracardiac tumor thrambus of renal carcinoma is described This case and a few others in the literature have led us to consider the clinical signs of cavo-artrial obtruction, frequently silent and unspecific, the diagnostic methodology, especially based upon CAT San and Cavography, and the type of surgery and surgical technique called, for especially as regards the approach and the possible use of extracorporeal circulation (ECC).

145 L 51 : 47257 : 7

Surgery, Carcinoma, Kidney

GIULIANI (L) and GIBERTI (C). Surgical management of renal cell carcinoma with venacava tumor thrombus Eur. Urol. 12, 3; 1986; 145-50.

The results of the surgical management of 28 patients with renal cell carcinoma extending into the inferior venacava have been analyzed; 8 patients had caval tumor thrombus extension at the level of the renal veins, 14 had infrahepatic, 5 retrohepatic and 1 artrial tumor thrombus extension. The caval wall was infiltrated by tumor in 7 cases. 9 patients had metastases. Lymphnode involvement was seen in 9 patients The patients with caval involvement alone (NoMo) had a 2 year survival rate of 69 %. Those with distant metastases or caval infiltration had a 2 year survival of 27 and 0 % (P = NS). The level of caval tumor thrombus extension had a statistically insignificant influence on the survival of patients. Author's statistical data demonstrate that caval involvement has a very negative impact on the prognosis of patients with renal cancer.

146 L 551 : 47257

Carcinoma, Ovary

RICHARDSON (George S) and SCULLY (ROBERT E). Common Epithelial Cancer of the ovary. The New England Journal of Medicine, 312, 7; 1985; 415-28.

The most important element of progress in the conquent of epithelial ovarian cancer would be the discovery of a means of prevention. Epidemiologic studies have so far yielded only a few hiuts. the partial protection

afforded by pregnancy a oral contraceptive medication, the possibility of reducing the incidence of the disease by vaccination against mumps or by avoiding of the use of talcum on the perineum, and closer surveillanl of women with positive family history. Ultrasound may be a help ful supplement to pelvis examination in some postmenopausal women considered to be at risk, and prophylactic oophorectomy can be considered and discussed with patients over 40 years of age if a pelvis operation is being considered.

147 L 551 : 4725

Malignant tumours, Overy

TOKUOKA (S) and AOKI (Y). Mixed germ cell - sex card stromal tumor of the ovary with retiform tubular structure. A case report. INJ. J. Gynecol. Pathol. 4, 2; 1985; 161-70.

An unusual mixed tumor of the overy in a 7-menth old girl with a normal 46, XX bayotype, is presented. The tumor was composed mainly of small epithelial cells of sex card type, but also contained multiple foci in which the presence of large cells resembling germ cells warranted the diagnosis of mixed germ cell-sex cord-stromal tumor. An additional histologic feature was the present in the fibrous stroma of the tumor of tubules of tern. These histologic features suggested that the tumor was a variant of the mixed germ cell-sen card

stromal tumor of the ovary.

148 L 551 : 47257

Carcinoma, Ovary

ROBBOY (Stanley J) and SCULLY (Robert E). Strumal carcinoid of the ovary. An analysis of 50 cases of a distinctive tumor composed of thyroid tissue and carcinoid. Cancer. 46, 9-10; 198; 2019-34.

Strumal carcinoid of the ovary is a type of germ-cell tumor characterized by an intimate mixture of thyroid tissue and carcinoid. Fifty patients with this type of tumor ranged in age from 21 to 77 years. The tumor measured up to 26 cm in diameter and were always unilateral. In 10 % of the cases the contratateral overy contained another type of neoplasm, usually a dermoid cyst. Three fifths of the strumal carcinoids arose in dermoid cysts or in mature solid teratomas. 31 % of the tumors were accompanied by focal stromal luteinization, only 8 % of the cases exhibited clinical signs of steroid harmon production. In 8 % of the cases there was evidence suggesting fuacting of the thyroid component; but no patient had the carcinoid synarome.

149 L 551 : 47257 & g 31

Pregnancy, Carcinoma, Ovary

TCHABO (Jean-Gilles) and STAYCELLS (Worth J). Ovarian tumors in Pregnancy. A community Hospital's five year experience. International Surgery. 72, 4; 1987; 227-9.

Ovarian tumor in pregnancy is a distressing problem for the obstetrician. A physician must differentiate between a manifestation of a normal physiological condition and a serious pathological condition. fortunately an ovarian tumor in pregnancy is rare. Once the condition is suspected, a physician should use all available tools to confirm the diagnosis. A patient should be treated accordingly, keeping in mind the age of the patient, the gestational age, and the biology of different types of the tumor.

150 L 551 : 4725 : 4

Pathology, Malignant Tumours, Ovary

BHAJHENA (D) and HANING (RV Jr). Coexistence of a gonadoblastoma and mixed germ cell-sex card stoma tumor. Path. Res. Pract. 180, 2; 1985; 203-6.

A 46 XY women with a dysgerminoma and gonadoblastona is described. Both dysgerminoma-gonadablastoma and mixed germcells-sex stromal tissue was present upon microscopic examination. This case exemptifies the transition that can exist between these two distinctly separate tumors.

151 L 551 : 47257 : 402

Physical Pathology, Carcinoma, Ovary

MONTONERI (C) and BELLIA (U). Ultrasounds examination during polichemotherapy for ovarian cancer. Eur. J. Gynaecology. 6, 2, 1985; 114-5.

The usefulness of ultrasound diagnosis during polichemo therapy for ovarian cancer is valued. Between sept. 1980 and Mar. 1983, 32 patient with ovarian cancer underwent polichemotherapy, had an ultrasound follow up Ultrasounds are very important for selecting the patients who must undergo second look.

152 L 551 : 47257 : 6

Therapy, Carcinoma, Ovary

RICHARDSON (George S) and SCULLY (Robert E). Common Epithelial Cancer of the Ovary. The New England Journal of Medicine, 312, 8; 1985; 474-81.

Treatment by removal of the effected ovary is appropriate for patients who wish to preserve child bearing function and have unilateral stage I borderline or Grade I ovarian cancer, but total hysterectomy with bilateral salpingo - OOphorectomy is appropriate for most patients. Adjuvant therapy may be important for patients with high-grade tumors or cytopositive ascites even through careful exploration reveals no metastases and surgical resection appears to be complete, but

currently it is difficult to choose a type of treatment that does not involve considerable toxicity or lead to late onset leubemia, patient with minimal stage III disease of histologic grade I or higher and those with small residual tumor deposits constitute the group that should be targeted for vigorous therapy aimed at cure.

153 L 551 : 47257 : 625

Radiotherapy, Carcinoma, Ovary

MAUS (JH) and MACKAY (EN) Cancer of the ovary : A twenty one year study of 1, 722 patients. American Journal of Roentgenology, Radium therapy, and Nuclear Medicine, 102 March, 1968.

The authors present a review of the records of 1, 722 patients came for radiotherapy for cancer of the ovary. At the 5th anniversary of starting treatment 25 % were alive and apparently cancer fra 3 % were alive with cancer or with "condition unknown" 3 % had died from other causes, and 2 % were untraced. Treatment in General consisted of panhysterectomy followed by external radiotherapy. When surgical removal of all gross disease was possible the survival rate showed improvement. It is the author's impression that radiotherapy has added to the efficacy of surgical treatment in late cases.

154. L551:47257:628

CHEMOTHERAPY, CARCINOMA, OVARY

CANNEY (PA) and WILKINSON (PM). Pulmonary embolism in patients receiving chemotherapy for advanced ovarian Cancer. Cur. J.-Cancer Clin. oncd. 21,5; 1985;585-6.

The incidence of palmonary embolism was examined in a series o: 83 patients who had received chemotherapy for advanced ovarian and ten embolic episods occured. The incidence of palmonary em- bolic was highest in those patients who had gross bulk disease (10 cm diameter) before chemotherapy and occured in 9/49 cas(with six fatalities being in this group. Five of the six fatal emboli occurred within 1 week of the first course of chemother- apy. As the mortality rate from pulmonary emboli in patients with gross bulk tumor was 12% in this serease, anticoagulation before initiating chemotherapy is suggested for this group of patients.

155. L551:47257:628

CHEMOTHERAPY, CARCINOMA, OVARY

STEHMAN (FB)and EHRLICH (CE) Cispaiin, Vinblastine, and bleomy- cin as second trial therapy in ovarian carcinoma.American Jour- nal of ohcology. Cancer clinical trials.8,1;1985,27-31

Ten patients with ovarian carcinoma whose tumors had progressed on first trial chemotherapy were treated with eisplatin,vinbla- stine and bleomycin(PVB) to determine the efficacy, dose range and toxicity of this combination two dose levels of vinblastine were used, objective responses occured in 5/10 patients, with a median response duration of 170 weeks. Toxicity was appreciable One patient expired of blecomycin-induced pulmonary fibrosis wi th the higher dose of vinblastine,for patients had grade III an three had grade IV hemotologic toxicity. At the lower dose,two

patients had grade II and one patient had grade III hematologic toxicity.

PVB has activity in second trial therapy of ovarian carcinoma a the dose and schedule tested, but the role of this regimen in t the future treatment of this deasease remains to be determined.

156. L551:47257:632

COMBINATIONTHERAPY, CARCINOMA, OVARY

Ullrich(D) and GRIMM (D) Treatment of ovarian cancer with combination of operative, rediation and chemptherapy. J.Gynacol.107 1,1985,628-33.

It is reported about significant results of two years of the combined ovarian cancer treatment in contrast to operation and chemotherapy. Auther's therapy is the combination of operation, great field radiation technique, chemotherapy and second-look-operation. The remission of two years; stage I: 64%, stage IV no improvement can be achived by addiction of the radiation therapy.

157. L553:47252

CHONDROSARCOMA, UTERUS

DARBY (AJ) and PAPADAKI (Lucienne). Unusual Leiomyosarcoma of the uterus contiaining osteoclast-like hiant cells Cancer. 36, 2; 1975; 495-504.

An unsual variant of a poorly differentiated biomyosarcoma of the uterus, containing osteoclast-like gint cell, in described. Areas of the resected tumor bore a close resemblanc

to givt cell tumor of bone. It is postulated that these giant cells, as well as the osteoclast like gint cells reported in number of tumors of other tissues originate from the monocyte/histocyte grouped of cells.The ultra-structural features are consistent with a smooth muscle origin of the neoplasm,the final assesment is based on the relative proportions and frequency of such structures as bundles of mysfilaments with focal densities marginal densities, pinocytolic vesicles and an external lamina.

158 L 553 : 47257

Carcinoma, Uterus

KAVANAGH (J.J) and COPELAND (L.J.) continuous - infusion vinblastin in refractory carcinoma of the cervix; A phase III trial. Cyhecol. Oncol. 21, 2; 1985; 211-4.

Twenty patients with recurrent or metastatic squamous cell carcinoma of the cervix were treated with continuous - infusion unblastine sulfate. Two patients (10%) had partial response of 4 and 7 months duration. Neutropenia was dose limiting vinblastine sulfate given by continuous infusion has limited activity in this malignancy.

159 L 553 : 47257

Carcinoma, Uterus

FUJIMOMO (I) and NEMOJO (H). Epidemiologic study of carcinoma in site of the cervix J. Reprod. Med. 30, 7; 1985; 535-40.

From 1950 to 1979, 1, 248 cases of cancer in situ were treated. Detailed Data were obtained from 585 of the patients by interview. Many patients had had their first sexual experience at an early age. Many had had more than two sexual partners, and there was a large discrepancy between the age at first sexual intercourse and at first marriage. The above factors seem to be related to the development of cancer in situ.

160 L 553 : 47257

Carcinoma, Uterus

JAFFE (R) and AITARAS (M). Endocervical stromal Sarcoma: A case report. Gynecol. M col. 22, 1; 1985; 105-8.

A case of a stromal sarcoma in a cervical polyp is presented. The tumor was confined to the polyp as evidenced by the histological examination of the uterus and cervix after surgery. Inspite of that the patient died of widespread abdominal metastosis 1 year after the initial diagnosis.

161 L 553 : 47257

Carcinoma, Uterus

YONG (M) and NUSS (R). Stromal and peripheral eosinophilia in cervical carcinoma. Eur. J. Gynaecol. 6, 2; 1985, 94-7.

One hundred cases of stage IB cervical carcinoma treated with radical hysterectomy and pelvic lumphadenectomy Eight patients were found to have tumor stromal eosinophilia in their peripheral sluears. statistical analysis did not reveal a significant recurrence rate in patients with either peripheral or stromal eosinophilia.

162 L 553 : 47258

Adenosarcoma, Uterus

CHEN (K T K). Rhobdomyosarcomatous uterine adenosarcoma. INT. J. GYNECOL. Pathol, 4, 2; 1985; 146-52.

A case of rhabdomyosarcomatous adenosarcoma of the uterine cervix is described and the literature reviewed. This variant of adenosarcoma does not appear to be more malignant than other adenosarcomas. It can and should be differentiated from embryonal rhabdomysarcoma and malignant mixed mullenian tumor because of the different prognostic implications and therapeutic approaches.

163 L 553 : 47258

Adenosarcoma, Uterus

WHEELOCK (JB) and KREBS (HB). Uterine sarcoma: Analysis of Prognostic variables in 71 cases. Am. J. Obstet. hynecol. 151, 8; 1985, 1016-22.

The article discribes the histories of 94 patients with a diagnosis of uterine sarcoma. Histologic features were studied by one of the authors and cases that did not heat strict pathologic criteria were rejected. The 71 patients with uterine sarcoma accepted for this study had a survival rate of 22.5 % from 1611 years. Clinical staging had some predictive value, since 45 patients with stages II, III, and IV disease had only a 12 %

survival rate. The type of treatment had no demonstrable effect on final outcome but did influence the recurrence patterns chemotherapy (used in 25 patients) was neither of benefit when used as adjuvent therapy nor effective in prolonging survival in patients with recurrence (mean survival, 5.4 months).

164 L 553: 47257 : 33

Chemical Diagnosis, Carcinoma, Uterus

SEN (U) and GUHA (S). Study of the prognostic role of serum fucene and fucosyl transferase in cancer of the uterine cervix Acta Med. Okayama. 39, 2; 1985, 125-30.

Serum fucose levels and fucosyl transferase activities have been designated as non-specific marbers of malignancy, and play an important role in the diagnosis of different types of malignancies. In the present study, attempts were made to determine the prognostic significante of these markers in patients with cancer of the uterine cervix after therapy. It was found that both serum fucose and fucosyl transferase, which were elevated in untreated patients declined significantly in patients responsive to therapy at different following intervals, but not in patients unresponsive to therapy.

165 L 553 : 47257 : 4

Pathology, Carcinoma, Uterus

TROWELL (JE). Intestinal metaplasia with argentaffin cells in the Uterine cervix. 9, 5; 1985, 551-9.

Three cases showing focal intestinal metaplasia of the endocervical glands are presented. The intestinal type epithelium contained absorptive cells, goblet cells and argentaffin cells, and resembled that found in intestinal types of mucinous ovarian tumors. Two of the cases were associated with squamous cell carcinoma-in-situ (CIN III), and both of these also showed borderline glandular malignancy.

166 L 553 : 47258 : 4

Pathology, Adenosarcoma, Uterus

Disaia (PJ) and CREASMAN (WT). Rish factors and recurrent patterns in stage I endometrial cancer. Obstet. Gynecol. 151, 8; 1985; 1009-15.

Clinical stage I carcinoma of the endometrium was evaluated in 222 patients. Twenty five percent of patients were found to have pathologic findings through to require postoperative external irradiation; of then, 20 of 57 had recurrence. During the 36 and 72 month follow up period only 14 of 165 treated only with operation or operation plus intracavitary radium manifasted a recurrence.

Furthermore, of all recurrence, 27 of the 34 were out side the pelvis. In these surgically staged cases, the absence of definable, demonstrable extrautre disease was associated with a 7 % recurrence rate versus a 43 % recurrence rate if disease was found any where article the uterus. Recurrence and death were correlated with other prognostic factors which are out lines in this report.

167 L 553 : 47257 : 625

Radiotherapy, Carcinoma, Uterus

PETTERSON (F) and FOTIOU (S). Cohort study of the long-term effect of irradiation for carcinoma of the uterine cervix Acta Radiol. Ser. Oncol. 24, 2; 1985; 145-51.

It discribes that the rish of second primary malignancy arising after therapeutic irradiation was evaluated in the Radiumbemmet series of carcoma of the uterine cervix. Only tumors appearing more than 10 years after irradiation were taken into account. Comparisons of observed with expected incidence showed excess of maligancies in urinary bladder, endometrium, ovaries and rectum, but not of colon carcinoma comparisons were made with cohorts from the swedish cancer Registry.

168 L 553 : 47257 : 628

Chemotherapy, Carcinoma, Uterus

TURBOW (MM) and BALLON (SC). Cisplatin dexorubiein, and cyclo phosphamicle chemotherapy for advanced endometrial carcinoma. Cancer Treat. Rep. 69, 5; 1985; 465-7

Nine of 19 patients (47 %) with widespread orrecurrent endometrial carcinoma responded to chemotherapy with cisplatin, dexorubicin and cyclophosphamide. Two complete clinical responses and seven partial responses were achieved. A 'second look' laporatory addition cisplatin to dexorubicin and cyclophosphamide increased toxicity without increasing the anti tumor activity previously reported for the tw-drug combination Performance status had a marked influence on response, while sites of metastases amount of response rate. A scheme for the treatment of patients with endometrial carcinoma with progestins and/or cytotoxic chemotherapy is suggested.

169 L 553 : 4725 : 69

Laser therapy, Malignant tumours, Uterus

TSUKAMOTO (N) Treatment of cervical intraepithelial neoplasia with the carbon dioxide laser. Gynecol Oncal. 21, 3; 1985; 331-36.

Between 1978 and 1983, one hundred and forty six patient with CIN-III were treated with the carbon dioxide

laser and 129 have been followed for 6 to 58 months. The remission rate was 29.2% after one treatment and 98.4 % after two treatment. All persistent lesions were detected within 8 weeks after treatemtn. After confirmation of remission, 4 patients (3.1 %) developed recurrence of CIN at an average of 37 months after treatment. The CO_2 laser therapy is safe, effective and cost saving for the patient, but a certain rate of recurrence is to be expected and the hecessity of a long-term follow-up is tressed.

170 L 90, 556 : 472563

Fibrosarcoma, Breast, Oldage

DESCHENES (L) and JACOB (S). Beware of breast fibradenomas in middleaged women. Can. J. Surg. 28, 4; 1985; 372-4.

On first examination of women from 40 to 59 years of age who participated in the National study of Breast Cancer Screening, the prevalence of fibroadenoma was 8.3 per 1000. In two women, a carcivoma was discovered within their fibroadenoma in traductal carcinoma in are and an infiltrating ductal carcinoma in the other. Clinical and histopathologic findings are described and the prognosis and treatment discussea. The peak age of women at the time of diagnosis of a fibroadenoma is in their twenties while for those with a fibroadenoma

containing a carcinoma, it is in the forties. For patients under 25 years, excision can be postponed for a few months since sportaneous regression may occur and the risk of breast cancer is small at that age. For older women, treatment should not be delayed.

171 L 556 : 47257

Carcinoma, Breast

CALLERY (CD) and ROSEN (PD). Sarcoma of the breast: A study of 32 patients with reappraisal of classification and therapy Ann. Surg. 201, 4, 1985; 527-32.

A retrospective clinicopathologic review of 32 patients with mammary sarcoma exclusive of angiosarcoma or lymphoma was performed. For 25 patients with previously untreated lesions. The median tumor diameter was 4 cm. and 14 patients had high or intermediate grade lesions. One of 22 patients treated by mastectomy and one of three patients treated by local excision died of sarcoma yielding an actuasial 5 year survival of 91 % the diagnosis of stromal sarcoma is best reserved for those infrequent sarcoma that can be traced to the specialized periduetal and perilobular stroma of the breast. Total mastectomy is recommended for most patients with postoperative radiation therapy indicated when the adequacy of the margia is

in doubt. The role of adjuvant chemotherapy in the primary management of mammary sarcoma is yet to be determined.

172 L 556 : 47257 : 2

Etiology, Carcinoma, Breast

HENDERSON (BE) and ROSS (RK) Do regular ovulatory cycles increase breast cancer risk ? Cancer, 56, 5; 1985; 1206-8.

The 'estrogen window hypothesis' of the etiology of breast cancer proposes that unopposed estrogen stimulation is the most favourable state for tumor induction and that normal postovalation progesterone secretion reduces susceptibility. The authors believe that epidemiologic and experiemental studies suggest rather that the opposite is true i.e. that breast cancer risk is directly related to the cumulative number of regular ovulatory cycles. Unlike the endometricim, breast tissue mitotic activity is enhanced in the lutcal phase of the menstrual cycle. Regular vigorous physical activity is one method of reducing the frequency of ovulatory cycles, and such exercise could markedly reduce a women's lifetime risk of developing breast cancer.

173 L 556 : 47257 : 3

Clinical Diagnosis, Carcinoma, Brest

KHEMANI (AK) and KUSUM KAPILA. Caricinoembryonic antigen and estrogen receptor protein in breast cancer. Indian Journal of Medical Research 85, Jan; 1987; 61-3.

Presence of Carcinoembryonic antigen (CEA) was assessed by peroxidase antiperoxidase technique in paraffin blocks of tissues from 50 patients of carcinoma breast, Thirty three (66 %) gave a positive reaction for CEA. Amongst the positives, a variation in the staining pattern was observed in different blocks from the same tumour. Carcinoembryonic antigen negative tumors tended to be more often positive for estrogen receptor protien (ERP) and vice versa of the CEA negative breast tumours, 64.7 % were ERP positive, while only 40.6 per cent CEA positive cases were ERP positive.

174 L 556 : 47257 : 3

Clinical Diagnosis, Carcinoma, Breast

DELCASTILLOL (R) and AUDISIO (T). Diagnostic value of the different methods for evaluation of bone metastasi and in breast carcinoma Eur. J. Gynaecol. Oncol. 6, 2; 1985; 128-33.

A group of 263 patients portraying breast Ca stadified through the clinic, is studied and evaluated by different methods of diagnosis as regards bone metastasis. A clinical investigation of bone pain, specific laboratory

determinations for Ca-P-alcaline phosphatase; bone X-ray, bone scinitigraphy with gamma camara are carried on. In some pre-selected cases bone biopsy preformed A 15.9 % of the patients with breast Ca showed bone metastasis. Scinlingraphy was positive in a 100 % of these cases, pain in 62 %, X-ray in 41 %. The final results of laboratory were discarded since they were not considered reliable. Highly specific positive zones for bone metastasis and benign bone pathology were detected when sectioning the spine in the classical zones. A methodological sequence is proposed.

175 L 556 : 47257 : 31

Clinical Diagnosis, Carcinoma, Breast

MUSHLIN (AL). Diagnostic tests in breast cancer clinical strategies based on diagnostic probabilities Ann. Intern. Med. 103, 1; 1983; 79-85.

Optimal diagnostic strategies used in screening for breast cancer and evaluating breast masses depend on the likehood malignancy findings at physical examination, and the accuracy of tests and procedures. Results from published seties, in conjunction with calculations of the probability of malignancy based on test results, indicate that only mammography is needed for screening A clinical sequence for evaluating palpable breast masses should include a combination of mammography,

Ultrasound examination, and needle espiration. In patients with negative findings, the probability of cancer will be sufficiently low to obviate the need for immediate surgical biopsy. However, if there are positive findings, or the initial clinical likehood of malignancy is high, excision of the mass is indicated.

176 L 9E, 556: 47257; 402

Physical Pathology, Carcinoma, Breast, Adolesent

KAY (S). Microglandular adenosis of the female mammary gland: study of a case with ultrastructural observations Hum. Pathol. 16, 6; 1985; 637-41.

A case of microglandular adenosis of the breast in a 75-year old woman is presented, with emphasis on the ultrastructural features. While the tumor was histologically similar to those reported previously in the literature, certain microscopic aspects suggested malignant change. Ultrastructurally, the characteristic findings were villus interdigitation between epithelial cells, thick basement membranes around individual tubules, and abandent apical lysosomal granules.

177 L 556 : 47257 : 625

Radiotherapy: Carcinoma, Breast

CUDKOWICZ (L) and CUNNINGHAM (M). Effect of mediastinal Irradiation upon Respiratory function following

mastectomy for carcinoma of Breast : A 5 year follow up study. Thorax. 24, May; 1969; 359-67.

A 5 year followup study of respiratory function in patients with medisastinal irradiation following mastectomy for carcinoma of the breast revealed the following:

Physiological dead space diminishes progressively, reaching a maximum decline at 12 months following irradiation. Partial recovery occurs there after with a levelling out at about 62 % of the pre-radiation level Pulmonary diffusing capacity also declines rapidly but recovery beings after 18 months and improves to within normal limits by the fifth year of the follow up. The residual volume immediately increases at the end of irradiation therapy but rapidly and permanently returns to normal

178 L 556 : 47257 : 626

Electrotherapy, Carcinoma, Breast

CHUCF (H) and NISCE (L). Treatment of Breast cancer with High-energy Electrons produced by 24 Mev Betatron Radiology 81, Nov; 1963.

High energy electrons from a 24 Mev were used to treat cancer of the breast in 222 patients. One case of angiosarcoma and 3 of cancer in the mal breast were included in of the 218 female patients with carcinoma of the

of the breast 50 were treated for inoperable growths and 135 for recurrences in the chest wall, lymphnode metastases, or mestastases at other sites. The remaining 33 received postoperative irradiation after radical or simple mastectomy or local excision of a tumor. The authors consider that the advantages of electron irradiation include convenient adjustment of the depth of penetration, absenceof increased bone dose and satisfactory dose distribution in most cases.

179 L 556 : 47257 : 628

Chematherapy, Carcinoma, Breast

LEGHA (SS). Review of mitomycin regiments in advanced breast Cancer therapy. TY USA. Clinical Therapy. 7, 3; 1985; 286-307.

Mitomycin is one of the most effective single agents in the treatment of advanced breast cancer. Recent studies have also shown that combination regimens including mytomycin are effective as initial therapy in advanced breast cancer. In patients with advanced disease who fail to respond to chemotherapy, a combination regimen including mitomycin is as effective as the other combinations currently used in salvage therapy. A combination of mitromycin and a drug such as doxorubin or vin-blastine produces results equivalent to those reported with regimens more commonly used. Suchaas

combination is a therapeutic alternative in patients with advanced breast cancer.

180 L 556 : 47257 : 628

Chemotherapy, Carcinoma, Breast

HARVEY (HA) and LIPTON (A). Medical Castration produced by the Gu RII analogeu leuprolide to treat metastatic breast cancer. J. Clin. Oncol. 3, 8; 1985; 1068-72.

Leuprolide, a gonadotropin - releasing harmone analogue, was administered to 26 premenopausal women with metastic breast cancer. Of 25 evaluable patients, 11 (44 %) had a partial response with a medium duration of 89 weeks and five (20 %) remained stable. Six patients showed early rapid progression of their disease. Toxicity was mild and included not flashes, nausea, vomiting, and headache. Leuprolide induced amenorrnea in all patients who received treatment of ten weeks or longer We conclude that this Gn RH analogue provides a safe and effective means of producing medical castration in premenopausal patients with metastatic breast carcinoma.

181 L 556 : 47257 : 7

Surgery, Carcinoma, Breast

WANG (Yung-Huei). Laser operation for Breast Cancer. International Surgery. 72, 4; 1987; 208-10.

Twelve cases of breast cancer were treated by modidied radical mastectomy using a CO_2 laser. Another twelve caser of breast cancer were treated conventionally using a scalped and electro-cautery for the purpose of comparison. Laser surgery offers some advantages. The conventional surgery involved more blood loss and needed blood transfusion, whereas laser surgery produced a 200 ml to 400 ml blood loss with no need for transfusion. Sinc in laser surgery, cutting and ligation is by sealing, the laser operations took a shorter time, from 1.5 hours to 3 hours. In conclusions, laser surgery can provide a very safe and effective method in the treatment of breast cancer.

182 L 5661 : 47258

Adenosarcoma, Prostate

SHONG-SAN (C) and WALTERS (MNI). Adenoid cystic carcinoma of Prostate: Report of a case Pathology 16, 3; 1984, 337-8.

A case of adenoid-cystic carcinoma of the prostate is presented. The differential diagnosis and a breif discussion of the possible histogenesis is presented.

183 L 5661 : 47258

Adenosarcoma, Prostate

LINEHAN (WM) and KISH (ML). Human prostate carcinoma cases hypercalcemia in a thymic nude mice and produces a factor with parathyroid harmone-like bioactivity. J. Urol. 135, 3; 1986; 616-20.

The mechanism of the calcium and phosphorus abnormalities associated with metastatic prostate carcinoma (Ca P) is not yet understood. A tumor model was recently established in which 9479, a human Ca P from a patient with prostate carcinoma - induced osteomalacia, was heterotransplanted into a thymic nude mice (ANM). In the present study the effect of 9497 on ANM was evaluated. Serum calcium (Ca) phosphorus (P), parathyraid harmone (PTH), 1, 25-dihydroxyistamin D_3 (1, 25-$(on)_2$ D_3) and urinary AMP were measured. Ca was markedly elevated in ANM bearing 9479 Vs. Agermatched controls (C); the increased Ca returned to control level after tumor removal. These data suggest tumor induction of parathyroid harmone-like harmoral modulation of calcium phosphate and vitamin D metabolism in vivo associated with a parathyreid harmone - like prostate carcinoma product.

184 L 5661 : 47257

Carcinoma, Prostate

MICHEL (F) and GATTEGNO (B). Primary non-seminomatous germ cell tumor of the prostate. J. Urol. 135, 3; 1986; 597-9.

The authors described a case of a primary non seminomatous germ cell prostatic tumor and discussed the problem of extragonadel germ cell tumor. Prognosis, staging and management of these tumors are similar to that of metastatic primary testicular germ cell tumor.

185 L 5661 : 47257

Carcinoma, Prostate

ANTONY (J) and REBBY (PS). Unusual presentation of carcinoma of the prostate. J. Urol. 135, 3; 1986; 595-6.

In this article authors reported a rare presentation of Carcinoma of the prostate simultating filariases.

186 L 5661 : 47257 : 412

Examination of Tissue, Carcinoma, Prostate

PAPSIDERO (LD) and CROGHAN (GA). Immunohistochemical demonstration of prostate specific antigen in melastase with the use of monoclonal antibody F 5. Am. J. Pathol. 121, 3; 1985; 451-4.

With the use of a murine monoclonal antibody (F5), a panel of metastatic tumors was evaluated for the expression of prostate-specific antigen (PA) under immunoperoxidase staining procedures. Specimens studied included 25 of prostatic origin and 73 originating from non prostatic primary sites. Regardless of the site of dissemination or the malignancy grade, all metasteses from the prostate were antibody reactive. In contrast, non prostatic metastases were negative in each case, including those originating from other genitourinary neoplasms. Thus, PA expression as deteched with monoclonal antibody F5 is a stable characteristic of desseminated prostatic tumors.

187 L 5661 : 47257 : 625

Radiotherapy, Carcinoma, Prostate

MWAWZA CHABUNDA (KC). Metabolic irradiation of painful metastasis from prostatic Carcinoma with strontium 85. J. Eur. Radiother. 6, 2; 1985; 89-93.

85 Sr has been given intravenously in order to relieve pain in 27 cases of hyperagic generalised bone metastasis from prostatic carcinoma. A long-lasting analgesia and stabilizing effect has been noted in 19 patients after one or more doses of 1 to 2 mCi of 85 Sr chloride. Follow-up concerns mainly hematologic effects and pain relief, which varies from 3 to 32 months. Relationship between extent of lesions and effect on pain is discussed.

188 L 5661 : 47257 : 625

Radiotherapy, Carcinoma, Prostate

SAUSE (WT) and RICHARDS (RS). Prostatic carcinoma: 5-years follow-up of patients with surgical staged disease undergoing extended field radiation. J. Urol. 135, 3; 1986, 517-9.

Author 5 analyzed all patients who had undergone pre-radiation staging pelvic lymphadenectomy from 1969 to 1979. of 70 patients with a minimum follow-up of 5 years 33 had positive and 37 had negative nodes. Three of the 33 patients with positive lymph nodes were alive withouy disease at the time of our study, compared to 20 of 37 with negative lymph nodes. Author's review suggests that extended field radiation has minimal or no impact on the natural history of prostatic carcinoma in patients with positive nodes. Patients with stages T_1 and T_2 lesions and negative nodes do well with external beam therapy.

189 L 5661 : 47258

Radiotherapy, Adenosarcoma, Prostete

SCARDINO (PT) and FRANKEL (JM). Prognostic significance of Post-irradiation biopsy results in patients with prostatic cancer J. Urol. 135, 3; 1986; 510-16.

To evaluate the prognostic significance of post irradiation biopsy results in patients with prostatic cancer

the authors reviewed the records of 803 patients who had been treated with pelvic lumph node dissection, radioactive gold seed implantation and external beam irradiation. Of the patients 124 had 1 or more biopsies within 6 to 36 months of completion of radiotherapy when there was no evidence of local or distant recurrency of tumor. Patients were followed for a mean of 64 months and received no other therapy before relapse. Overall 43 of these patients had a positive biopsy result, the incidence of positive biopsy results correlated directly with the initial stage of the tumor ranging from 22 % of stage BIN to 50 % of stage CI lesions.

190 L 5661 : 47257 : 625

Radiotherapy, Carcinoma, Prostate

LING (D) and LEE (JKT). Prostatic carcinoma and be high prostatic hyperplasia : Inability of MR imaging to distinguish between the two disease Radiology. 158; 1; 1986; 103-7.

Forty patients with prostatic carcinoma or be high prostatic hyperplasia (BPH) underwent magnetic resonance (MR) imaging of the prostate. In vitro MR images of six prostate specimens were also obtained. The prostatic parenchyma was best evaluated by a T_2-

weighted spin - echo pulse sequence. The prostate both in patients with prostatic carcinoma and patients with BPH often had an in homogeneous and nodular appearance on T_2 - weighted images. While most of the prostatic carcinomas appeared hypemintense relative to muscle and adjacent prostatic parenchyma, some of the hyperplastic nodules had a signal intensity similar to carcinoma. With current imaging techniques, MR imaging can not differentiate prostatic carcinoma from BPH with certainty.

191 L 5661 : 47257 : 628

Chemotherapy, Carcinoma, Prostate

MURRAY (R) and DITT (P). Treatment of advanced prostatic cancer, resistant to conventional therapy, with aminolatethimide. Eur. J. Cancer Clin. Oncol. 21, 4; 1985; 453 - 8.

Fifty-eight patients with advanced, progressing prostatic cancer resistant to conventional therapy have been assessed for their response to treatment with aminoglaththimide (A/G). Eleven men (19 %) had objective regression of their disease while in a further eight (14 %) progression of the disease was arrested. Median survival in the objective remitters (15 months) and in the group whom stabilization of disease occurred (9.3 months)

was significantly longer than in the non-remitting patients (4.7 months). The drug was well tolerated and no serious side effect occurred. A/G appears to be a useful treatment in patients with advanced prostatic cancer resistant to conventional therapy.

192 L 5661 : 47257 : 7

Surgery, Carcinoma, Prostate

ROBINSON (MRG) and DENIS (L). LH-RH analogue in the management of carcinoma of the prostate : A preliminary report comparing daily subcutaneous injections with monthly depot injections. Eur. J. Surg. Oncol. 11,2; 1985; 159-65.

The luteinizing harmone releasing hormone, zoladex, has been used in three centers to treat carcinoma of the prostate. An initial protocal using a soluble daily injection has been followed by a second study employing a monthly administered depot preparation. After an initial stimulation it has been shown that both daily and monthly injections reduce plasma testosterone to castrote levels. Circulation lutenizing harmone levels are also initially stimulated and then suppressed. Treatment toxicity has been minimal and in these short term studies reduction of acid phosphatase and subjective and objective tumour responses have been similar to those expected from effective harmonal therapy of prostatic cancer.

193 L 5661 : 47257 : 7

Surgery, Carcinoma, Prostate

KUNIT (h). Open perineal cryosurgery in carcinoma of the prostate: A possible carative alternative Urol.Res. 14, 1; 1986; 3-7.

101 patients with different stages of carcinoma of the prostate underwent'open perineal cryotherapy'. The age of the patients varied between 44 and 80 years. The benefit of this method was a lower rate of complications than in radical prostatectomy with a similar cummulative survival rate in stage B disease. No immunological response was found in this study. Neopterin values - an easily detectable parameter for the J- lymphocyte - maerophageactivity and urinary heopteria excretion immediately after cryosurgery remained in the normal range. In stage D patients no metastases disappeared. Further studies showed no effect on the pitvitary gonadal axis after cryotherapy of the prostate.

194 L 65 : 47257 : 3

Symptom, Carcinoma, Thyroid

Russell (Maiza A) and GILBERT (F). Prognostic features of Thyroid cancer. Cancer, 36,2; 1975; 553-9.

Sixty-eight cases of thyroid cancer were followed for 10 to 38 years after diagnosis. A minimum follow up

period of 10 years was necessary because of the large natural history of low-grade thyroid carcinoma. The prognosis of the disease was evaluated with regard to several parameters : age, sex, histologic appearance of the tumor, extent of disease and treatment. The best prognosis was found in women less than 40 years of age with papillary carcinoma in whom there was neither extrathyroid extension nor metastasis and who were treated by surgery alone. Extrathyroidal cancer in the neck treated by radical neck dissection had a 100 % survival rate at 15 years post diagnosis. The poorest prognosis was in male patients over 60 years of age with metastatic undifferentiated carcinoma.

195 L 65 : 47257 : 31

Clinical Diagnosis, Carcinoma, Thyroid

SIOHU (Jagmohan S) And GUPTA (Sudarshan). Carcinoma Thyroid: An Analysis of 57 cases over a 10 years period The Quarterly J. of Surg. Sciences 22, 3-4; 1986; 49-59.

Incidence of carcinoma of the thyroid gland is low and in author's study carcinoma of thyroid formed 0.98 percent of all malignant tumours of the body. Out of total thyraid neoplasms, carcinomas were 14.4 per cent. Papillary carcinoma (49.9 %) and follicular carcinoma (38.6%) constituted the major histopathological types. Medullary carcinoma and squamous cell carcinoma were the

least common varieties (3.5 per cent each). Anaplastic carcinoma formed 5.3 per cent. The average age at which the carcinoma of thyroid presented was 48.8 years, and female to male ratio was 28.1:1. The commonest persenting feature was a solitary hodues.

196 L 65 : 47257 : 31

Clinical Diagnosis, Carcinoma, Thyroid

STEINFELD (Carroll M) and MOERTEL (Charles G). Diarrhea and Medullary carcinoma of the thyroid. Cancer 31, 4; 1973, 1237-9.

A retrospective analysis of patients with medullary carcinoma of the thyroid was undertaken to determine the frequency and characteristic of diarrhea associated with the tumor of 111 patients, 36 had diarrhea as a clinical symptom either before diagnosis of the primary neoplasm or during the course of the metastatic malignant disease. The diarrha was usually modest in frequency and loose or watery; two patients had mid steatorrnea. An additional two patients, had significantly elevated urinary secretion of 5- hydroxyindoleacetic acid. Medullary carcinous can produce a variety of circulating substances some of which may have a significant effect on gastrointestinal motility.

197 L 65 : 47257 : 32

Physical Diagnosis, Carcinoma, Thyroid

EVANS (DOughlas M). Diagnostic discriminants of Thyroid Cancer Am. J. Surg. 153, 6; 1987; 569-70.

The results of thyroid cintiscanning and ultrasonography are reviewed retrospectively in 110 consecutive patients with thyroid cancer. The author concluded that neither ultrasonography nor scintiscanning are reliable discriminants of thyroid cancer.

198 L 65 : 47257 : 4

Pathology, Carcinoma, Pathology

SCLARE (G) and NICOL (A). Carcinoma of the thyroid in Myxoedema Journal of Clinical Pathology. 17, July; 1964; 438-43.

3 cases of Carcinoma of the thyroid were found. The first case was that of a 64 year old female who had myasthenia gravis of 12 years and in whom myxoedema had been diagnosed 18 months before death. At hecropy the thyroid gland weighed 14.5 g and contained pale nodules up to 0.5 cm in diameter. The second patients, a 70 years old female, died 7 week after myxoedma was diagnosed the thyroid gland (5.5 g) was fibrotic and contained foci of plasma cells and lymphocytes, one focus of spheroidal cell carcinoma was present in the

right lobe and two such foci were present in the left lobe. In the third case, that of 65 years old female with diabetes nullitus death occured shortly after myxoedema was diagnosed. The thyroid gland (19 g) contained fibrous tissue, nodules 1 to 3 mm. diameter consisting of inflammatory cells and acivi containing pleomorphic, distorted epithelial cells. The authors concluded that the widespread nature of the epithelial change to geoplasia suggests, by analogy with experimental observations, that chronic overstimulation of the thyroid gland by thyrotropic hormon may be related to the diffuse induction of neoplasia.

199 L 65 : 47257 : 411

Ceu Pathology, Carcinoma, Thyroid

LONDON (G) and ORDONEL (NG) Clear Cell varient of medullary carcinoma of the Thyroid; Hum Pathol. 16, 8; 1985 ; 844-7.

A previously unreported clear cell vasiant of medullary thyroid carcinoma is discribed. This histologic appearance was observed in sections from both the primary thyroid tumor and a vertebral metastosis. This vasiant merits recognition because it may be confused with a variety of others tumors occuring in the thyroid that contain cells with optically clear cytoplasm. Immunohistochemical and ultrastructural studies can be helpful

in establishing the diagnosis of these tumours.

200 L 65 : 47257 : 411

Cell Pathology, Carcinoma, Thyroid

ZAJAC (D) and PENSCHOW (J). Identification of calcitonin and calcitonin gase-related peptide messenger ribo nucleic acid in medullary Thyroid carcinomas by hybridization histochemistry Clin. Endocrinol. 62, 5; 1986; 1037 - 93.

Synthesis and secretion of calcitonin and calcitonin-gene related peptide (CGRP) were studied in medullary thyroid carcinomas (MTC) by hypridization histochemistry on tissue sections and by Northern get analysis of MRNA. Five patients with MTC and elevated serum levels of calcium and CGRP were studies. Surgically obtained tumor samples were extracted after freezing and the RNA was fractionated on Northern geb. Hybridization was carried out with 32 p-labeled synthetic obligedeoxyribonucleotides coding specifically for calcitonin and CGRP. Calcitonin and CGRP. Specifically MRNAs as approximately 1000 nucleolides in length were demonstrated in all 7 tomor samples. However, neither calcitonin her CGRP in RNA was detected in a pheochromocytoma from 1 of the patients who had multiple endocine neoplasma type II. A series of unselected lung carcinomas yielded the same results.

201 L 65 : 47257 : 411

Cell Pathology, Carcinoma, Thyroid

BERGE ! LEFRANCE (JL) and CARTOUZOU (G). Qualification of thyroglobalin messenger RNA by in situ hybridization in differentiated Thyroid Cancer. Cancer 56, 2; 1985; 345-50

Thyroglobulin messenger RNA (in RNA) was located and quantified in tissue section of differentiated human thyroid cancers by in Situ hybridization using cloned ferentiated follicular and papillary forms contained similar levels of thyroglobulin in RNA, corresponding to about 2000 copies per cell. In contrast, cell of mederately differentiated thyroid cancers contained about two to three times less thyroglobulin in RNA. It was also found that thyroglobulin in RNA was present almost exclusively in polyribosomes under the form of heavy polyribosomes activety synthesizing throglobulin It is suggested that in situ hybridization method allows localization of specific in RNA in differentiated thyroid cancers and correlation with the level of differentiation of the cells.

202 L 65 : 47257 : 625

Radiotherapy, Carcinoma, Thyroid

SRIDAMA (V) and HARA (Y). Association of differentiated thyroid carcinoma with HLA-DR7. Cancer . 56, 5; 1985; 1086-88.

Seventy-four American white thyroid cancer patients were typed for HLA- A,B and DR antigens. A significant increase in HLA-DR7 was found in the non radiation associated thyroid cancer patients, compared to 22.8% of 979 normal controls. The association is stronger in the follicular and mixed papillary follicular subgroup. The occurrence of various malignancies in family members was found in 57.9 % of HLA-DR 7 positive patients, verous 20 % of HLA-DR 7 negative patients, in a retrospective record review. Although the frequency of HLA-DR7 was not increased in the radiation associated thyroid cancer patients, the interval from the irradiation date to the on set date of thyroid cancer was shorter in HLA-DR7 positive cases (173 $\pm$ 6.24 years) Than in HLA-DR7 negative patients (29.4 $\pm$ 11.5 years) This data suggest that HLA-DR7 is associated with and may influence development of thyroid cancer.

203 L 65 : 47257 : 625

Radiotherapy, Carcinoma, Thyroid

EDMONDS (T) and SMITH (T). Long term hazards of the treatment of thyroid cancer with radio iodine . Br. J. Radiol, 59, 697; 1986; 45-51.

Two hundred and fifty-eight patients treated with high activity 131 I thyroid cancer and on prolonged follow

up have been reviewed to determine long-term hazards and their relation to the radiation dose received. The expectation of life of those dying from causes other than cancer was elightly reduced in the female patients. A small, significant excess of deaths from cancer of the bladder and from leuhacmia was found with assuming that these were due to radiation, gave inferred rish-rates respectively of 0.4 and 4.9 deaths per 10^4 PVG to the bladder wall and red narrow. of 31 younger patients. four of the marriages have been infertite. The fertite marriages produced a total of 44 line births. Considerable gonad irradition was compatible with apparently normal fertility. Despite the high level of irradiation of the salivary glands, no malignancies and only one adenoma was found.

204. L85:47257:6253

X-RAY THERAPY, CARCINOMIA, THYROID

SHORE(RE) and WOODERD(L). Thyroid tumors following Thymus irradiation. J. Natl. Cancer Inst. 74,6; 1985; 1177-84.

About 2,650 patients who received X-ray treatment for purported enlarged thymases in infancy and 4,800 sibling controls have been followed by mail questionnaire for an average of 29 years to observe their incidence of thyroid tumors. The following rate in the latest survey was 88% in both groups. The radiation doses to the thyroid gland ranged from 5 to over 1,000 rad, with 62% receiving less than 50 rad. To date 30 thyroid cancers and 59 benigns thyroid adenomas have been detected in the irradiated group, as compared with 1 thyroid cancer and 8 adenomas in the control group. Within the limitations imposed by the treatment regimens and the sample size, there was no throid of a 'sparing effect due to close fractions for either thyroid cancer or adenomas.

205. L64:47257:7

SURGERY, CARCINOMA, THYROID

LIPTON(RICHARD J) and McCAFFRY (Thomas V). Surgical treatment of invasion of the upper Aerodigestive tract by Welt Differentiated Thyroid Carcinoma. Am-J.Surg. 154,4 1987; 363-617.

Forty eight patents with well-diffdrentiated carcinoma invading upper, aerodigesting tract structures are described. Age at diagnosis was a negative prognostic factor and duration of disease before, invasion, a positive factor Radical surgery and adjavant therapy provided no improvement in survival over near total excision with adjavant therapy. The authors believe that partial resection of upper aerodigestive tract structures with out sacrifice of voice normal breathing and swallowing should be considered in these patients.

206. I65:47257:7

SURGERY, CARCINOMA, THYROID

MARCHEGIANI(C) and LUCCI(S). Thyroid Cancer: Surgical Experience with 322 cases. International Surgery 70,2; 1985; 121-4.

A total of 322 thyroid cancers were treated surgically. Total thyroidectomy was the treatment of choice. In 131 patients, medified nech dissection cumilaterally in 23 and bilaterally in 1087 was added. of dissection. There were no operative deaths. No recurrent languageal herve iatrogenic pasly was observed. permanent parathyroid insufficiency developed in only about 4% of patients. The low monbidity and good long-term results justify the use of this procedure in all patients with thyroid malignancies.

207. L7:4725

RICHARD (HLye) and RICHARD (T Ramsden). Trigeminal herve tumor Journal of Neurosurgery. 67, 1, 1987; 124-7

Benign tumors of the middle fossa components of the trigeminal are rare. The authors describe the case history, radiological investigation, and operative findings of a patient with a large trigeminal neurofibroma of the middle fossa. The unusual mode of presentation is discussed. Valuable information was provided by magnetic resonance imaging prior to successful removal to this tumor.

208. L72:4725

MALIGNANTTUMORS, BRAIN

FREREBEAU(P) and BENEXECH(J). Intraventricular tumors in tuberous sclerosis. Child's Nerv Syst. 1,1;1985;45-8.

Eleven cases of tubercous sclerosis with in traventricular tumor and 34 cases from the literature are reviwed. Initial symptoms and identification of tuberous sclerosis and tumor are reviewed. Results of surgical treatment, including direct radical excision and shunting are given. On gross examination, the tumor was most often loosely connected to ependyma bear the foremen of monro, causing hydrocephalus. Giant cell subependymal astrocytoma was frequently found on microscopic examination. The glial origin of the tumor is discussed and direct surgical approach of the tumor is proposed as the best treatment of these lesions.

209. L72:4725

MALIGNANT TUMORS, BRAIN

BRADFORD(R) and CROCKARD (HA). Primary rhabdomyosarcoma of the central nervous system: Case report Neurosurgery. 17, 1; 1985; 101-4.

A case of a primary rhabdomyosarcoma that appeared to be arising from the filum terminale in a 48-yeal old more is reported. The histological diagnosis of rhabdomyosarcoma was supported using immenocyto chemical methods. Twenty two cases of primary rhabdomyosarcoma of the central nervous system previously reported in the literature are reviewed briefly. The possible origin of these tumers from neuroectoderm is discussed.

210. L9D,72:4725

MALIGNANT TUMORS, BRAIN, ADOLESENT

DIENGDON(JV) and BUXTON(PH). Intraeramial Malignant teratoma: Case report. Neu Ropathol. Appl. Neurobiol. 11, 3, 1985; 245-80.

A case of Malignant teratoma arising near the third ventrical in an adult is reported. It represented a true teratoma containing elements of all three germ layers of which two, namely the mesenchymal and endodermal elements have undergone malignant change. It was characterized by rapid recurrences after two operations with death occuring shortly after the second operation.

211. L9X;72:4725

MALIGNANT TUMORS, BRAIN, INDUSTRIAL WORKERS

LINCRS and DISCHINGER(PC) Occupational exposure to electo-magnetic field and the occurence of brain tumors. An analysis of possible associations J. Occup. Med. 27,6; 1985, 413-9.

To explore the association between occupation and the occurance of brain-tumor, an epidemiologic study was conducted using data from the death certificates of 951 adult white Male Maryland residents who died of brain tumor. Compared with the controls, men employed in electricity related occupations, such as electrician, electric to electronic engineer, and utility company servicemen, were found to experience a significantly higher proportion of primary brain tumors. An increase in the odds ratio for brain tumar was found to be positively related to electro-magnetic(EM) field emposure levels. Furthermore, the mean age at death was found to be significantly younger among cases in the presumed high EM-exposure group. Three findings suggest that EM exposure may be associated with the pathogenesis of brain tumors, particularly in the promoting stage.

212. L9E, 72:47255

MYXOSARCOMA, BRAIN, LOD AGE

YAMASHIJA(J) and HANDA(H). Astroblastoma of pure type. Surg. Neurol. 24, 2; 1985, 218-22.

A rare case of astoblastoma of the pure type occuring in the left occipital lobe of a 54 year old female is reported. The predominant histologic feature was that of perivascular pseudorosettes. The tumar tissey were hot stained by the Mallory's phosphotungstic acidhematoxylin, but the penikarya of some tumor cells were, positively stained for the glial fibrillary acidic protein.

213. L9C, 72: 47258

ADENOSARCOMA, BRAIN, CHILDREN

PEARL(GS) and TAKEI(4). Intraventricular primary cerebral neuroblastonia in adults. Reported of three cases. Neurosurgery. 16, 6; 1985; 847-9.

Primary cerebral neuroblastoma most often occurs in the cerebral parenchyma in children. When it occurs in adults, it is also described as an intraparenchymal heoplasm. Authors report three cases of primary cerebral neuroblastoma in adults presenting as an intraventricular mass.

214. L72:47252:3

DIAGNOSIS,CHONDROSARCOMA, BRAIN

UNRUNHOLT(L)and STIMPLE(H). Histochemistry of sacrococcygeal chardoma. Acta. Pathol. Microbiol. Immunol. 93,4; 1985; 203,4.

A characteristic features of chondomas is the content of a great amount of mucinous material. A sarococcygeal chordoma surgically removed from a 76 year-old man was histochemically investigated in order to obtain some information about the composition of the mucopolysacchasides. From the results of the acid category and probably a mixture of weakly sulphate and carboxylated glycoprdteins.

215. L72:4725:33

CHENICAL PATHOLOGY, MALIGNANT TUMORS, BRAIN

BRADAC (GB) and SCHORNER(W). MRI(NMR) in the diagnosis of brain stem tumors. Neuroradiology. 27,3,1985;202-13.

Patients with a brain-stem lumor were studied with NMR. The full extent of the lesion as well as its relationship with the adjacent structures was clearly demonstrated in all cases. Although NMR is in many aspects, superior to CT, and angiography, these enaminations remain useful complementary methods.

216. L72:47257:4

PATHOLOGY, CARCINOMA, BRAIN

MATSUURA (H) and NAKAZAWA(S). Prognostic significance of serum di acid glycoprotien in patients with glioblastoma Multiforme: A preliminary communication. J. Neurol.Neurosrg. Psychiatry. 48,8; 1985; 835-7.

The relationship between the levels of serum acute phase reactant proteins di-acid glycoprotiens with glioblastoma multiforme in relation to their proghosis. di-acid glycoprotein was higher in the patients who died within one year after admission than in those with a larger survival time. It is suggested that serum di-acid glycoprotein profiles. provide prognostic information in oatients with glioblastoma multiforme.

217. L72:4725:903

GIANGASPERO(F) and BURGER(PC). Regulatory peptides in neuronal neoplasms of the central nervous system. Clun. Neuropathol. 4,3;1985; 111-5.

Neuromal tumors of CNS were examined immunohis to chemically for regulatory peptides Thirteen ganglion cell neoplasms, one cerepellar ganglioneuroblastoma, one cerebellar beuroblastoma, and four medullabolastomas were studied. Sixteen neuronal intracnial neoplasms were examined as controls.

Immunoreactive vesoactive intestinal polypeptide(VIP) was observed in seven cases of ganglion cell neoplasm and in the one case bellar ganglioneuroblastoma. The result suggest that CNS ganglion cell neoplasms share with their extrocramial counterparts the production of certain hormonal polypepneurons, The immuno histochemical detection of these substances may provide diagnostically useful technique in the diagnosis of such lesions.

218. L72:47257:411

CELL PATHOLOGY, CARCINOMA, BRAIN

BURGER(PC). Use of cytological preparations in the frozen section diagnosis of central hervous system neoplasia. Am. J.Surg. Pathol 9,5, 1985; 344-54.

Because cytologic preparations capture the fine collular detail that frozen sections often obscure, touch and smear preparations are valuable adjacents to intraoperative histologic diagnoses.

219. L9F72:4725:4798

PSOTMARTOM-EXAMINATION, MALIGNANT TUMORS, BRAIN, FEMALE

YOSHIDA(K) and TOYA(S) Extraneural metastasic of chorio-carcnomatous element in pineal germ-cell tumor:Case report. J.Neurosurg. 6,3, 3; 1985, 463-6.

A case of pineal germ-cell tumor producing human chorionic gonado tropin (hca) and alpha-fetoprotein (AFP) is reported

in a 23 year old man. Extraneural metastasis developed during a course of combined chemotherapy after radiation therapy. Postmartem examination revealed that the metastatic pulmonary tumor was a chriocarcinoma, producing only HCG.

220. IMMUNOLOGY, MALIGNATTUMONS, BRAIN (L72:4752:56)

COHADOW(F) and ACUAD(N) Histologic and non-histologic factors correlated with survival time in supratentonical astrocytic tumors. J.Neuro-oncol 3,2, 1985; 105-11.

One hundred and ninety two case of supratentorial astroctic tumors are classified in 4 groups according to the presence or obsence in the pathological material of simple morphological criteria: abnormal collular density nuclear plemorphism, neovascularization, hecrosis. Eac one of these criteria is strongly correlated with prognosic. Nevertheless only a simple classification in low and high grade lesions has a definite predictive value. A multivaniate analysis utilizing Cox's hazard function confronts these histological findings with a number of clinical and etiological possible factors of prognosis. Age and performance status at the time of diagnosis are the best predictors of survival time. The clinical use of predictive model derived from Cox's function analysis is discussed.

221. L72:4725:625

RADIOTHERAPY, MALIGNANTTUMORS, BRAIN

STRIDSKLEV (LR)and HAGEN(S). Radiation therapy for brain metastases for malignant melanoma. Acta Radiol.Ser.Oncol. 23,4; 1984; 231-5.

Thirty-nine patients who completed whole-brain irradiation treatment for brain metastases from malignant melanoma were analyzed. Me ian survived was 2 months, mean survival 4 months, only 3 patients survived for 1 year, the longest survival being 19 months after irradiation. Twenty one (53.8%) showed marked clinical improvement and 6(40%) of the 15 evaluable patients had some objective regression of the brain of the brain metases. A treatment of 7 fractions of 4.8 in 9 to 14 days and concomitant chemotherapy with dacarbazine and lomuatine in 16 patients was well tolerated. This seems to be a beneficial treatment for patients with a comparatively small intracranial tumour burden.

222. 172:4725:625

RADIOTHERAPY, MALIGNANT TUMORS, BRAIN

NELSOW(DF) and NELSOW(JS). Survival and proghosis of patients with astrocytoma with atypical or anaplastic features J. Neuro-Oncol. 3, 2; 1985; 99-103.

This study confirms the importance of histologic tumor necrosis as a major proghestic variable in malignant glioma. Necrosis is present in glioblastoma multiforme (GBM), and absent in astrocytoma with atypical or anaplastic features(AAF). This paper evaluates 94 patients with AAF and 462 patients with GBM treated with radiation therapy with or without BCNU on 3 consecutive andomized protocols of the radiation therapy oncology group (RTOG).

223. L72:47257:7

SURGERY,CARCINOMA,BRAIN

JEFFREYS(RV) Carbon dioxide laser in neurosurgery. J.R.Cell. Surg. 30,3; 1985; 145-9.

A personal prospective study of the use of the carbon dioxide laser in neurosurgery is presented. The study covers three and one half years of neurosurgical practice with 124 operations for neoplasms of the neutaxis. The later was found to be a very useful tool in the neurosurgeon's armamentariams, particularly with regard to microheurosurgery, where it was of use in 91% of operations.

224. L825:4725:3253

X-RAY DIAGNOSIS,OSTEOSARCOMA, BONE

IRO(Tasuhika) and OKUYAMA(Shinichi) Bone marrow scintigraphy in the early diagnosis of experimental Metaslatic bone carcinoma. Cancer 31,4; 1973; 1222-30.

Paralleled experimental studies of radiostopic bone merrow imaging bone scanning, and skeletal radiologic surgery were undertaken upon the intramedullary-implanted and hematogenously metostalic UX-2 rabbit bone carcinoma in order to see their temporal relationship in delineating such lesions. Both bone and bone narrow scans turned positive for earlier than the X-rays. Moreover, lesion-depicting marrow scanning appears to be one of the techniques of choice in the early diagnosis of metastatic skeletal malignancies.

225. L82:47251

OSTOEOSANCOMA, BONE

KENAW(S) and FLOMAN(Y) Aggressive esteoblastoma: A Case report and review of the literature Clin.Orthop.Relat.Res. 1,195; 1985; 294-8.

A recurrent obteoblastoma involving the acctebulum in a 27 year-old women was found to be locally aggressive and histologically appeared to become more anaplastic with each recurrence. However, there was no evidence of distant metastases similar cases have been reported under such names as preudomalignant or malignant osteoblastoma. In view of the prolonged clinical course without evidence of distal metastases, the term aggressive 'osteoblastoma' seems to be more appropriate. The treatment of choice for such tumors should be further en-bloc resection, avoiding the morbidity and possible mortality of the chemotherapy demanded by true malignant tumor of bone, as well as unnecessary ablative surgery.

226. L82:47251

OSTEOSANCOMA, BONE

HUDSON(T M) and SPRINGFIELD(D.S) Computed tomography of parosteal osteasarcoma. Am J.Roentgenol. 144,5;1985; 961-5.

Twelve patients with perosteal osteosarcomas were evaluated by computed tomography (CT). CT accurately defined the extent of the tumors for purpose of surgical planning, although tumor bone often could not be distinguished from thickened host bone. Nine tumors invaded the medullary cavity a feature that impiles a poorer prognosis when the tumor also contains highgrade areas. Six CT studies accurately detected the -eullary invasion, but three did nots fucent areas within dense tumors contained either benigh tissue or high or low-grade tumor, CT did not differentiate among these different tissues. CT also did not reveal small satellit nodules of tumor beyond the main tumor.

227. L82:472563

LEE(YS) and PHO(RWH). Malignant fibrous histocytoma at site of metal implant. Cancer 54, 10; 1984; 2286-9.

The occurence of malignant tumors at the site of metal implants is rare. The significance of this association is not setteled. Its implications, however, are serious. A malignant fibrous histliocytoma arising at the site of an imptant done 14 years a e for t racematic fracture of the tumor in a 44 years old man is reported previous reports are briefly summarized.

228. L9F,82:47251 & G31

PREGNANCY, OSTEOSARCOMA, BONE, FEMALE

HUVOS(AG) and BRETSKY(SS) Osteogenic sarcoma in pregnant women. Prognosis therapeutic implications, and literature review. Cancer 56, 9; 1985-2326-31.

This study of 18 pregnant women with concomitant obsteognic sarcoma of bone analysez the important assertion whether this sarcoma and pregnancy have an adverse interaction. For comparison authors malc ted the pregnant osteogenic, sarcoma patients with nonpregnant women with the same skeletal tumor location and histologic appearance as well as similar age distribution. There was no worsening of prognosis of pregnant osteo-enic sarcoma patients, and neither the pregnancy nor the disease appeared with to act adversely towards the other. The 18 pregnant women with osteogenic sarcoma fared no better than the non-pregnant women with obleogenic sarcoma

229. L82:47251 E Wing:4

PATHOLOGY, OSTEOSARCOMA(EWings)BoNE

SHIRLEY (SK) and ASKIN (FB) Ewing's Sarcoma in bones of the hands and feet. A clinicopathologic study and review the literature. J.Clin.Oncol. 3,5; 198[illegible], 686-97.

Review of current data from the Inter-roup Eqings sarcoma study (IESS) shows that Ewings sarcoma(ES) is rare in

bones of the hands and feet. Only 12 to 377 evaluable patients in the first two IESS studies had a primary tumor in these small, distal bones. The age distribution was typical for that seen in patients with ES at other, sites. Males were affected twice as often as females, and tumors in the bones of the feet were much more common than those in the hands. All signs and symptoms were local in-distribution. As in other sites the dominant histologic pattern was categorized as diffuse. With the exception of those patients with lesions in the calcaneus, the prognosis for disease free survival was excellent. A literature review of cases of ES reported in bones of the hands and feet showed generally comparable results.

230. L82:47252:3

CLINICAL DIAGNOSIS, CHONDROSARCOMA, BONE

ADEGBITE (ABO) and McQUEEN (JD). Primary intracranial Chondrosarcoma. A report of two cases. Neurosurgery 17, 3;1985;490 -4.

Two cases of primary intracranial chondrosarcoma are presented the cases were similar in that they both, arose from the temporal bone, contained both myxomatons tissue and material of cartilaginous, consistenfe, and were avascular histotogical studies excluded the diagnosis of chondroid chordoma. A brief review of the subject is presented.

231. L73:47251:3

CLINICAL DIAGNOSIS, OSTEOSARCOMA, BONE

AMACHER(AL) and ECTOREY(A). Spinal osteoblastoma in children and adolesents. Childs Nerv. Syst. 1,1;1985; 29-32.

Osteoblastona as a case of bach pain, scoliosis and reversible neurological deficit has received scant, attention in the neurosurgical literature. The turor has a predelection for the spine, occurs in young people for cure. Eight cases of spinal esteoblastoma in children and adults are reported demonstrating, the spectrum of the disease, pitfalls of diagnosis and treatment, and prognosis.

232. L82:47251(Ewing):4

PATHOLOGY, OSTEOSARCOMA, BONE

BROOKS(S) and STARKIE(CM). Osteosarcoma after the fourth decade. A clinocopathological review. Arch. Orthop. Traum. Surg. 104, 2; 1985; 100-5.

Of 160 cases of osteosarcoma seen over an 18 years period, 18 were over the age of 40 at the time of presentation. The clinical presentation and histology of the cases is reviewed. Delay in referral and incorrect histological diagnosis were frequent. Only 2 cases were associated with pagets disease.

233. L82; 47251:402

PHYSICAL PATHOLOGY, OSTEOSARCOMA? BONE

LEVINE(E) and DEWMET(AA). Juxtacortical osteosar coma. A radiolo ic and histologic spectrum. Skeletal Radiol. 14,9; 1985; 38-46.

Radiolo ic and pathologic findings were analyzed in four patients with parosteal obsteosarcomas, three with perioseal osteosarcomas three with pensoteal obsteosarcomas and one with a high-grade surface osteosarcoma. Plain film and histologic findings considered together are usually distinctive and permit differentiation of these tumors from each other and from other lesions with which they are frequently confusion prognosis and management are determined by tumor extent and istotogic grade. Computered tomography is more accurate than conventional tomograp y, angiography, and bone scintigraphy for preoperativedetermination of tumor extent and for assessing tumor relationships to the bone cartex and medullary cavity. High-grade surface osteosarcoma which is indistinguishable in behaviour and history from classical medullary osteosarcoma, requires more aggressive surgical management than parosteal and perisoteat osteosarcomas.

234. L82:47251:412

TISSUE PATHOLOGY, OSTEOSARCOMA, BONE.

KONTOGEORGOS(h)and BOUROPOULOUCV(V), A Histological and and immuneonzymatic study on the histogenesis of giant cell tumor of bones. Path.Res. Pract. 180, 1; 1985; 62-7.

The authors carried out a prospective histolonic and immuneonzymatic study using lysozyme and A antichymotrypsin of 15 well documented cases of giant cell tumors of bones. The histologic appearence of the majority of the tumors was characterized by great pteomorphisus. The predominanthistologic patterns could be classified as either fibroblastic or histologic. Mitoses were seen exclusively on stromal mononuclear cells. All tumors showed positive marking with both lysozyme and A-antichesmotrypsin. The result indicate that giant cell tumor of bones may result from the neoplastic protiferation of mononuclear cells which in many areas of the tumor dif erentiate to either fibroblasts or histiocytes. Thus, giant cell tumor of bones may be analogous to fibrohistiocytic tumors of soft tissues.

235. L82:47251:616

INJECTIONTHERAPY, OSTEOSARCOMA, BONE

YAP(AKL) and FISH(RG). Acute phase glycoproteins in sera of patients with sarcomas receiving methotrexate infusion therapy Clin. Biochem. 181, 1,1985, 70-2.

The serum concentration of alpha-i-acid glycoprotein, haptoglobin and alpha-1. antitrypsin have been estimated serially in eight patients with malignant amours of bone and soft tissue who received a total of thirty-four intravenous infusions of high-dose methoresate. The serum glycoprotein levels taken before the first drug exposure did not relate with the prognosis of these patients. A tumours mass (40 mm) did not influence the serum levels of these glycoprotiens. The presence of a pleural effusion was associated with increased serum levels of these glycoprotiens. These assays appear to be of no value in monitoring the course of the disease in this group of cancer patients.

236. L82:47251: 625

RADIOTHERAPY, OSTEOSARCOMA, BONE

ALLEN (Clifford V) and STEVENS(Kenneth R). Preoperative irradiation for osteogenic sareoma. Cancer. 31,4;1973;1364-6.

Highdose preoperative irradiation with delayed disarticulation of an extremity involved with osteogenic sarcoma has resulted in a marked increase of tumor free survival in a small series of cases. Treatment was well tolerated without significant complications. The surgical specimen in most of the survivors contained no viable carcinoma after irradiation in the jorden of 10,000 rads. There is evidence that biopsy in suspected lesions should be performed with out toniquet to avoid flushing of the tumor cells from the marrow eavity. Discussion will include rational for delayed surgery, possible influence of iradition on immense factors and techniques of irradiation.

237. L82:47251:628

CHEMOTHERAPY, OSTEOSARCOMA, BONE

JAFFE(N) and ROBERTSON(R) Control of primary osteosar, Coma with chemotherapy. Cancer. 56, 3; 1985; 461-6. High-dose methotrexzte wiyh citrovorium factor 'rescue' (MTX-cF) produced an apparent complete response of the primary tumor in three patients withosteosarcoma. The response was sustained with MTX-(F). intra-arterial cis-diaminedichloroplatines in II (CDP) and Adriamycin(doxor-cubicin) for 18 months. Treatment was then electively dis-continued. Local recurrent occurred in two patients 6 and 4 months later, respectively. MTX-CF was reinstated and a complete response was again achieved in one patient. A complete response in primary, tumor was still present in the honrelapsed patients, 42 months from diagnosis. All patients have remained free of palmonary metastases, 40 + to 42 + months from diagnosis.

238. L82:47251:628

CHEMOTHERAPY, CARCINOMA, BONE

BERCN(G) and EULER(A). Palmonary metastases from osteogenic sarcoma: Complete resection and effective chemotherapy contributing to improved prognosis. Eur.Paediatr.Naematot. oncol. 2,2; 1985; 77-85.

Of 54 unselected patients with osteogenic sarcoma metastatic to the lung who were entered into two successive prospective studies. 16 presented with synehronous pulmonary metastases(PM) and primary tumor and 38 developed PM during or after chematherapy. After complete resection of pulmonary lesions, the SR was significantly higher than after incomplete resection (P20.01).The authors could not demonstrate a significant association between the number of pulmonary metastates resected and SR. After demonstration they concluded that chemotherapy is capable of improving the prognosis in osteogenic sarcoma metastatic to the lung.

239. L82:47251:628

CHEMOTHERAPY, OSTEOSARCOMA, BONE

OBERLIN(CO) and PATTE(C) Response to initial chemotherapy as a prognotic factor in localized Ewings sarcoma. Eur.J. Cancer.Clin. oncol. 21,4;1985; 463-7.

Ninety five children with localized Eqings sarcoma were included in a prospective cooperative study. All patients received initial chemotherapy with the purpose of early prevention of metastases and improvement of the conditions of the subsequent local therapy, radiotherapy in all cases, surgical resection in selected cases. Clinical response to initial chemotherapy was evaluated in 67 patients who had measurable soft-tissue mass or functional symptoms. This

response appeared highly correlated without come as the disease free survival was 57.3% for the 41 good responders and 9% for the 26 bed responders (p 0.00001), though 23 of these bad responders reached complete remmisssion with radiotherapy. This study also confirms the progonostic significance for survival of the site of the primary tumor on axial skeleton or on limbs.Nevertheless this factor had no predictive value for response to chemotherapy, which thus appears to be an independent factor.

240. L87:47257

CARCINOMA,SKIN

EUIS(DL) and WHEELAND(G) Estrogen and progesterone receptors in Melanocytic lesions. Occurence in patients with dysplastic nevus syndrome. Arch.Dematot. 121,10;1985;1282-5.

Estrogen and progesterone binding studies in a series of 22 metalanocytic lesions from 14 patients with the dysplastic nevus syndrome were done using a fluorescent estrogen and progesterone binding technique. Melanocytic lesions from these patients, inclyding primary cutaneous melanomas dysplastic nevi, and benign hevi, contained large number of estrogen and progesterone binding cells. Comparison is made to a series of control intradermal hevi that had little or no electectably estrogen or progesterone binding. Increased hormonal binding, and possibly responsiveness, is seen in melanomes, melanoma precursor lesions such as dysplastic hevi and congenital pevias well as benign nevi frompatients with the dysplastic nevus syndrome.

241. L87:4257

CARCINOMA, SKIN

ROTWALL(Cytus) and KUMOSAKO. Metastic patterns in Squamous Cell cancer of the heat and Mech. Am.J. Surg. 154,4,1987; 439-42.

A retrospective review of 832 patients who died with head and neck cancer was performed to determine the incidence and sites of distant metastases. At autopsy, a total of 47 percent of the patients had distant disease with the hypopharyuse having the highest incidence. The initial stage of disease was found to be related to distant disease Distant metastases developed in 55 percent of the stage IV patients.

242. L987:47257

CARCINOMA, SKIN, INDUSTRIAL WORKERS

SPINK(MS) and BAYNES(AH) Skin carcinoma in the process of "Standford joining" Journal of industrial median 21, April 1964, 154-7.

This paper described the occurence of skin carcinoma in 3 out of 200 workmen enga ed in "stanford jointing" a process which consist in the application of a jointing compound to carthenware pipes used as conuits for underground electric cables. The compound is composed of tar, sulphur, and a filter and is poured into pipes at a temperature of approximately 120°C. A minheral oil, krwon as brick oil is used to

smear those parts of pipe to which the compound must not adhere. The skin of arms and lungs becomes contaminated by the oil through splashing. In the 3 cases describe the average age to onset of skin cancer and the average duration of exposure to the oil were, rather lower than in other, industries in which mineral oil is a factor. The authors state that the processes has how been mechanized so that the likehood of future exposure being sufficient to cause cancer in very slight.

243. L87-912:47257

CARCINOMA, ORALCAVITY,SKIN

URIST (MARSHALL M) and O'BRIEN (Christopher J). Squamous cell carcinoma of the Buc al Mucosa: Analysis of prognostic factors. Am. J.Surg. 154, 4; 1987; 411-4.

The authors report that tumor thickness is the only significant independent variable in estimating prognosis in patients with squamous cell cascihama of the buccal mucosa in this study of 89 patients seen between 1959 and 1985.

244. L87-212:4725n:3

DIAGNOSIS,CARCINOMA, ORALCAVITY,SKIN

BARTTELBORT(SCOTT W) and RAHN (Saul L). Rim Mandi bulectomy for cancer for cancer of the oral cavity Am. J. Surg. 154, 4; 1987; 423-8.

This is a retrospective analysis of 38 patients who underwent either a traditional segmental resection of the mandible or a rim mandibalectomy with preservation of the mandipular arch. Equivalent local control rates between the two groups were demonstrated; however, the patients with rim mandibulectomy hd a better postoprerative appearance and were able to wear lower dentures and dental bridged in order to chew ford.

245. L87:47251:31

CLINICALDIAGNOSIS? CARCINOMA, SKIN

SANDSTROM(A) and LARSSON(LG). Occurence of other malignancies in patients treated for basal cell carcinoma of the skin. A cohort study. Pcta. Radiol. Ser. Oncol. 23,4; 1984; 227-30.

The patient with basal cell carcinoma of the skin has some times been thought to run an increased rish for developing other malignancies. A retrospective cohort study of 468 cases including about 4400 person-years of observation did not reved a significant deviation from expected values estimated either from cancer register date or from cancer incidence in matched controls.

246. L87:47251:31

CLINICAL DIAGNOSIS,CARCINOMA,SKIN

LAGERHOLM (B) and SKOG (E) Squamous cell carcinoma in Psoriasis Vulgasis. Acta dermato-venereologica. 48; 1968; 128-36.

From the review of the relevent literature in which about 50 cases have been reported, the authors conclude, that the occurrence of squamous-cell carcinoma in association with psoriasisvulgasis is extremely rase. Aathors discuss the possible relationship between psoriasis and cancer. They consider that there is insufficient evidenfe as yet that proriatic lesions can undergo a direct carsinomatous transformation, but they draw attention to the occasioned occurence of such transformation in other chronic skin diseases, such as ulcuscrusis and lichen planes.

247. L87:4725:325

MICROSCOPE, MALIGNANT TUMORS, SKIN

ILLIH(t) and WEIDNER(F). Congenital nevi 10 cm as precursors to melanoma: 52 cases, a review, and a new conception Arch. Dermatol. 121, 10; 1985; 1274-81.

Fifty-two congential melanocytic nevi-(CMN) as precursors to Melnoma or severe melanocytic dysplasia were reviewed macroscopically and microscopically. Fortyeight small 'CMN' Measured less than 10 cm in diameter histologically, only five reached to the lower third of the dermis or subsutis (deep type) the remaining 47 were limited to the upper two thirds of the corium. There were 47 invasive melanomas, two in situ melanomas, and three severe focal melanocytic dysplasias. All melanomas were of epidermal' origin and primarily of the superficial spreadint type. The age at diagnosis ranged from 18 to 79 years. prepubertal melanomas were not observed.

248. L87:4725:625

RADIOTHERAPY, MALIGNANT TUMORS, SKIN

DEWIT (L)and MAFTELINK(H). Concurrent cis-diammine dichto roplatinum (II) and radiation treatment for melanoma metastases. A pilot study Radiother. Oncol 3,4; 1985;303-9.

Thirteen evaluable patients with 25 melanoms metastases were treated by radiotherapy, 6 x 6 hy in 6 weaks and concomitant weekly cisplatinum infusion 20,30 or 40mg/m^2. Acute local skin reaction did not appear to be enhanced. Symptomatic bowel spasmooccurred in 2 of 4 patients treated on an iliac-inguinal field, both having received a high drug dose (40 mg/m^2). Late severe and disabling subcutaneous fibrosis was encountered in 2 of 8 patients with a minimal follow-up of 6 months, suggesting that cis-platinum concurrently given, enhances late radiation damage to connective tissue, although possible contribution of other factors cannot be taled out. Concentration of total platinum,measured, in tumor at the time of first irradiation, approach the minimal concentration assumed to be required for radiosensitizing effects of cis-platinum.

249. L87:47254:661

ADJUVANTTHERAPY, MALENOSANCOMA, SKIN

KOH(HK) and SOBER(AJ) Adjuvant therapy of cutaneous malignant melanoma: A critical review Med. Pediatr. Oncol. 13,5; 1985; 244-60.

The emergence of revised definitions for the high-rish patient with cutaneous malignant melanoma prompts authors to examing the current status of adjuvant therapy in this disease. The authors wish to address the question once a contaneous melanoma is surgically removed and the patient is currently free of disease but at high risk for metastases, what can be done to prevent recurrence?

250. L87:4725:628

CHEMOTHERAPY, MALIGNANT TUMORS, SKIN

JOHNSON(DH) and PRESANT(C). Cisplatin, viublastine, and bleomycin in the treatment of metastatic melanoma: A phase II study of the southeastern cancer study group. Cancer theat-Rep. 69, 7-8; 1985; 821-4.

Fifty-one patients with melastatic melanoma were treated with cisplatin, viblastine, and bleomycin of the 50 evaluable patients, 11(22%) achieved an objective response, including three complete(6%) and eight partial (16%) responses. Four of the 11 responding patients had received no prior chemotherapy. Responses were noted in cutaneous and hympshode sites as well as visceral metastases. However, with one exception, all responding patients with visceral involvement had lung metastases. Response duration were brief and toxicity was substantial. Nadir leuhocyte counts 0.5 x 10^9/L occured in 28% of the patients. Debilitating neurotoxicity, primarily paralytic, leus, and severe nausea and emesis were

experienced by 24% of the patients. The combination of cisplatin, viublastine, and bleomycin is hot sufficiently beneficial to warrant its use in metastatic melanoma.

251. L87:4725: 628

CHEMOTHERAPY, MALIGNANTUMOUS, SKIN

SHELLEY(W) and QUIRT (I). Lomustine, uincristine, and procarbazine in the treatmet of metastatic malignant melanoma. Cancer Treat. Rep. 69, 4; 1985, 941-4.

Sixty-five previously untreated patients with metastatic malignant inclanona were treated with lomustine, vincristine, and procarbazine. Sixty-four patients were evaluable for response, with a response rate of 13%, only one complete, response was observed, in a patient with nodel disease only. Three partial responses were observed in patients with disease confined to soft tissue, indicate that in asymptomatic people with only few inclusion bodies and latent in infections. culture on Mc Cav and four partial responses were observed in patients with palmonary metastases. Median survival for all patients was 22 weeks authors conclude that this regimen of jers no improvement compared to other drug combinations.

252. L87: 4725 : 628

CHEMOTHERAPY, MALIGNANT TUMOURS, SKIN

CASPER (ES) and STANTON (GF). Phase II trial of fallium nitrate in patients with advanced malignant melanoma. Cancer. Trest. Rep. 69, 9; 1985; 1019-20.

A phase II trial of gallium nitrate (250-300 mg/m^2/day for 7 consecutive days) was conducted in patients with metastatic melanoma. Therapy was well-tolerated, but only one of 31 evaluation of gallium nitrate at this dose and schedule is not warranted in patients with malignant melanoma.

253. L87: 4725: 628

CHEMOTHERAPY, MALIGNANT TUMORS, SKIN

RUBINSTEIN(l) and PAUM (C I). Sarcoidosis: A case of bilateral hilar lymphadenopathy after excision of Malignant melanoma of the arm. South. Med. J. M8, 9; 1985; 1139-40.

Bilateral hilar lymphadenopathy developed in a pamazale, 200 mg. There were no significant interqroup treatment differences indicating that single-dose treattient one year after excision of a malignant melanoma of the left arm. There were no signs of distant metastases. Hilar lymphnode biopses specimen a obtained by mediastinoscopy

showed multiple noncaseating granulomas consistent with sarcoidosis, without evidence of tumor cells. Sarcoidosis developing in the course of a preexisting heoplasim is rare, but must be considered in order to establish a proper diagnosis and withhold unnecessary treatment.

PART THREE
INDEXES

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